MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7498

CERTIFICATE OF DEATH

Reg. Dist. No. 07395

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Baltimore Co. MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Owings Mills, Maryland

LENGTH OF STAY (in this place) 15 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS 12 Rosewood State Tr. School

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY ~~City~~ Balto.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 8 X

STREET ADDRESS (If rural, give location) 3309 Greenvale Road

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Charles		Aldeberg (ADLEBERG)	8/4/55		19

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	white	single	12/8/51	3 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
		Maryland	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Richard Aldeberg	Leona Eunice Zackon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

491 X

Immediate cause (a) Acute Bronchitis Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Tay-Sacks Disease

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from July 20, 1955, to Aug. 4, 1955, that I last saw the deceased alive on Aug. 4, 19 55, and that death occurred at 6:50 a.m., from the causes and on the date stated above.

SIGNATURE Harry G. Butler, M. D. (DEGREE OR TITLE) Rosewood St. Tr. School, Owings Mills, Md. ADDRESS — DATE SIGNED 8/4/55

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-5-1955	Rosedale	Balto Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-5-55	[illegible]	Fort Lewis Inc	2100 Eutaw Pl.

VS. A15 — 10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07396

7409 **CERTIFICATE OF DEATH** Reg. Dist. No. 47

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD — LENGTH OF STAY (in this place) 34 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE PENNSYLVANIA COUNTY PHILADELPHIA
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PHILADELPHIA 75 X-3
STREET ADDRESS (If rural give location) 435 N. FORTIETH STREET

3. NAME OF DECEASED (Type or Print): (First) MARVIN (Middle) R. (Last) AMBLER
4. DATE OF DEATH: (Month) AUGUST (Day) 15 (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 12/15/02
9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TRUCK DRIVER
10B. KIND OF BUSINESS OR INDUSTRY: TRUCKING
11. BIRTHPLACE (State or foreign country): CONSHOHOCKEN, PENNSYLVANIA
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: ELLWOOD AMBLER
14. MOTHER'S MAIDEN NAME: MARTHA HERRON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES ✓ (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO. 173-01-2173
17. INFORMANT & ADDRESS: CLIN.REC., VET.ADM.HOSP., FT.HOWARD, MARYLAND

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — 163X

IMMEDIATE CAUSE (A) CARCINOMA OF LEFT LUNG, METASTATIC TO XXXXXXX RIGHT 10TH RIB — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (S) — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST: (B) DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 7/27/55
19B. MAJOR FINDINGS OF OPERATION: EXCISION OF TISSUE FROM RT. 10TH RIB FOR BIOPSY
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JULY 12, 1955, to AUG. 15, 1955 XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX, and that death occurred at 7:40PM, from the causes and on the date stated above.

SIGNATURE: Joseph M. Miller — JOSEPH M. MILLER, M.D., Chief, Surgical Service M.D.
ADDRESS: VAH, FORT HOWARD, MARYLAND
DATE SIGNED: 8-16-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): REMOVAL
DATE THEREOF: 8/16/55
NAME OF CEMETERY XXXXXXXXX: GEORGE WASHINGTON MEMORIAL
LOCATION (City, town, or county) (State): WHITEMARSH, PENNA.

DATE REC'D BY LOCAL REGISTRAR: [illegible]
REGISTRAR'S SIGNATURE: [illegible]
24. FUNERAL DIRECTOR: WM.COOK-BLIGHT, INC. 6009 HARFORD RD.
ADDRESS: 6009 HARFORD RD., BALTIMORE 14, MD.

SHIPPED TO: HAROLD B. MULLIGAN FUNERAL HOME
1119 W. LEHIGH ST., PHILADELPHIA, PA.

07397

MARYLAND STATE DEPARTMENT OF HEALTH

7410

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore' MARYLAND
CITY (If outside corporate limits, write RURAL and OR TOWN Sparrows Point
LENGTH OF STAY (in this place) 20 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS Beth. Steel Disp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
STREET ADDRESS (If rural, give location) 7302 HOLABIRD AVE

53
1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HYLES	MELVIN	ARNEW	Aug.	11	19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	White	Married	AUG. 23, 1898	56 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
OPERATING ENGINEER		ONTARIO CANADA	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
? ARNEW	EMMA RHOADES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO		MRS. LYAL ARNEW 7302 HOLABIRD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary Occlusion	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) A-S-C-V- Disease	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
M B Davis	M.D.	Dep. Med. Exam. - Dundalk-Pr-Md.	8/16/55

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	AUG. 15, 1955	MORELAND PARK	PARKVILLE MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-17-55	H. W. Pedrick	ULLRICH FUNERAL HOME	2112 DUNDALK

VS. A15A

7411

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07398 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Lutherville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Seminary Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Lutherville X
STREET ADDRESS (If rural, give location) Seminary Avenue 1

3. NAME OF DECEASED: (Type or Print) (First) EARL (Middle) (Last) AYERS

4. DATE OF DEATH (Month) 8 (Day) 28 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 8/24/1906

9. AGE Last birthday: (49) 49 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laboere

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Lutherville Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry T. Ayers

14. MOTHER'S MAIDEN NAME: Annie Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Marie Webb-Seminary Ave. Lutherville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 571.0

Immediate cause (a) Fatty infiltration of liver — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR? partial

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 8/29/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 9/1/55

NAME OF CEMETERY OR CREMATORY Mt. Zion Cemtery

LOCATION (City, town, or county) (State) LongGreen Md.

DATE REC'D BY LOCAL REG. 8-31-55

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Holland Funeral Home

ADDRESS 1631 Druid Hill Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7412 **CERTIFICATE OF DEATH** Reg. Dist. No. 07399

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Larchmont
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2414 Poplar Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Larchmont X
STREET ADDRESS (If rural give location) 2414 Poplar Drive

3. NAME OF DECEASED: (Type or Print) (First) HARRIET (Middle) ELIZABETH (Last) BABCOCK

4. DATE OF DEATH: (Month) AUG. (Day) 9, (Year) 1955

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): D | 8. DATE OF BIRTH: Nov. 30, 1903 | 9. AGE last birthday 51 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Harry R. Munroe
14. MOTHER'S MAIDEN NAME: Anna Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) nop (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Mrs. A. Maxine Penn 2414 Poplar Drive

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

350X
IMMEDIATE CAUSE (A) PARKINSON'S DISEASE — 12 YRS.
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 15, 1955, to Aug. 9, 1955, that I last saw the deceased alive on Feb. 15, 1955, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

SIGNATURE Marvin Goldstein M. D. ADDRESS 5334 Liberty Heights Ave. DATE SIGNED Aug. 9, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 8-11-1955 | NAME OF CEMETERY OR CREMATORY Lorraine Park | LOCATION (City, town, or county) Woodlawn, (State) Md.

DATE REC'D BY LOCAL REGISTRAR 8/11/55 | REGISTRAR'S SIGNATURE C. A. Hedrick | 24. FUNERAL DIRECTOR G. Howard Strong | ADDRESS 3207 W. North Ave.,

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

7413 07400

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Reisterstown
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bond Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Reisterstown
STREET ADDRESS (If rural, give location) Bond Avenue

3. NAME OF DECEASED: (Type or Print) (First) Calvin (Middle) McDowell (Last) Beachum

4. DATE OF DEATH (Month) August (Day) 1 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower

8. DATE OF BIRTH: May 30, 1899

9. AGE Last birthday: 56 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Bookkeeper

10b. KIND OF BUSINESS OR INDUSTRY: Dairy Accounting

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Elijah T. Beachum

14. MOTHER'S MAIDEN NAME: Mary C. Hughes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: 213-07-9362

17. INFORMANT & ADDRESS: Calvin H. Beachum

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause 420.1 (a) Coronary Artery Disease — Interval Between Onset and Death: 1 yr.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: none

19a. DATE OF OPERATION: none

19b. MAJOR FINDING OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. none

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY none

21c. (City or town) (County) (State) none

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY none M.

21e. INJURY OCCURRED While at work ☐ none Not while at work ☐

21f. HOW DID INJURY OCCUR? none

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE D. D. Caples M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 8-5-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Aug. 3, 1955

NAME OF CEMETERY OR CREMATORY: Still Pond Methodist Cem.

LOCATION (City, town, or county) (State): Kent Co., Md.

DATE REC'D BY LOCAL REG. 8-5-55

REGISTRAR'S SIGNATURE Mary B. Elmer

24. FUNERAL DIRECTOR ADDRESS: John Burns' Sons, Towson, Md.

7411

07401

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS 612 Register Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY ~~Baltimore~~
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 838 N. Eutaw St.

3. NAME OF DECEASED: (Type or Print) (First) EDGAR (Middle) RUSSELL (Last) BEARD

4. DATE OF DEATH (Month) Aug. (Day) 3, (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Nov. 30, 1902	52 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Painter	National Brewery	Baltimore Md.	U.S.A.

13. FATHER'S NAME: Charles Beard

14. MOTHER'S MAIDEN NAME: Delia Finn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	none	215-03-7625	Catherine Kane-sister-2922 Strickland St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Arteriosclerotic cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO (c)

422.1 (322.0)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Acute alcoholism

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R V Fisher M. D.

CHIEF MEDICAL EXAMINER ☒
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 8/4/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 6, 1955	Holy Cross Cemetery	Ritchie Highway Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
		KRAUSE FUNERAL HOME 1116 E. Fort Ave. Balto. 30

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07402

7415

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson
LENGTH OF STAY (in this place) 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bon Secours Nursing Home 301 W Chesapeake Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) Agnese (Middle) Susan (Last) Beasley

4. DATE OF DEATH: (Month) Aug (Day) 21 (Year) 1955

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow | 8. DATE OF BIRTH: Nov 30 1862 | 9. AGE last birthday: 92 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Harford Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Jay
14. MOTHER'S MAIDEN NAME: Mary A. Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT'S ADDRESS: Mrs Herman Wobelmann 702 Colonial Ave Balto 10

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

IMMEDIATE CAUSE (A) Respiratory Failure — INTERVAL BETWEEN ONSET AND DEATH: —

ANTECEDENT CAUSE (B) DUE TO Generalized Arterio-sclerosis — 10-16 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1954 to Aug., 1955 that I last saw the deceased alive on Aug. 15, 1955, and that death occurred at 7:20 P.M, from the causes and on the date stated above.

SIGNATURE Jno. A. Sellack, M.D. ADDRESS 200 N. Penna. Ave Towson 4 Md DATE SIGNED 8/22/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Aug 24 1955 | NAME OF CEMETERY OR CREMATORY Loraine Park | LOCATION (City, town, or county) Balto Co (State) Md

DATE REC'D BY LOCAL REGISTRAR Aug. 22, 1955 | REGISTRAR'S SIGNATURE Mabel C. Gray | 24. FUNERAL DIRECTOR John Burns Sons ADDRESS Towson 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7416 **CERTIFICATE OF DEATH** Reg. Dist. No. 07403

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
   COUNTY: BALTIMORE
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X FORT HOWARD
   MARYLAND — LENGTH OF STAY (in this place): 16 Hours 40 Min.
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: 50 VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: MARYLAND COUNTY:
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): BALTIMORE 3V01-4
   STREET ADDRESS (If rural give location): 2539 St. Paul Street ✓

3. NAME OF DECEASED (Type or Print): (First) WYLIE (Middle) K (Last) BELL

4. DATE OF DEATH: (Month) AUGUST (Day) 27 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): DIVORCED

8. DATE OF BIRTH: 7-16-97

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): SALESMAN

10B. KIND OF BUSINESS OR INDUSTRY: AUTO PARTS

11. BIRTHPLACE (State or foreign country): HARTSVILLE, SOUTH CAROLINA

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: WYLIE K. BELL

14. MOTHER'S MAIDEN NAME: MARY BELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 218-10-2624

17. INFORMANT & ADDRESS: CLIN.REC., VET.ADM.HOSP., FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

IMMEDIATE CAUSE (A) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE — INTERVAL BETWEEN ONSET AND DEATH: 5 YEARS

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION.

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from AUG. 26, 1955, to AUG. 27, 1955, and that death occurred at 9:40A M. from the causes and on the date stated above.

SIGNATURE Irving Freeman — ADDRESS — DATE SIGNED

IRVING FREEMAN, M.D. M. D. VAH Ft. HOWARD, MD 8/27/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL — DATE THEREOF: AUG. 29, 1955 — NAME OF CEMETERY OR CREMATORY: WOODLAWN CEMETERY — LOCATION (City, town, or county) (State): WOODLAWN, MARYLAND

DATE REC'D BY LOCAL REGISTRAR: 8-29-55 — REGISTRAR'S SIGNATURE: J. W. Hebert

24. FUNERAL DIRECTOR: H. SANDER & SONS INC. — ADDRESS: NORTHAVE & BROADWAY BALTO. MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07404

7417 CERTIFICATE OF DEATH

Reg. Dist. No. 58

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
LENGTH OF STAY (in this place) 2 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Offutt Memorial Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 6010 York Rd.

3. NAME OF DECEASED: (Type or Print) (First) Laura (Middle) T. (Last) Benson

4. DATE OF DEATH: (Month) Aug (Day) 14 (Year) 1955

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: July 18th 1868 | 9. AGE last birthday: 87 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired). H. W. | 10b. KIND OF BUSINESS OR INDUSTRY: — | 11. BIRTHPLACE (State or foreign country) Hancock Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Taylor | 14. MOTHER'S MAIDEN NAME: Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: Edwin H Benson - Hancock Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) Myocardial Insufficiency
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis
DUE TO
(c)
422.1

Interval Between Onset And Death: 5 mos 5 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1955, to Aug 14, 1955, that I last saw the deceased alive on Aug 13, 1955, and that death occurred at 7 45 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Edwin H. Benson Manager | ADDRESS Hancock Md. | DATE SIGNED 8/14/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Aug. 17, 1955 | NAME OF CEMETERY OR CREMATORY Jessops | LOCATION (City, town, or county) Cockeysville (State) Md.

DATE REC'D BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR Henry R Jenkins Jno B. | ADDRESS 4905 York Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

7418

07405

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Rural Pikesville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rural Pikesville X
STREET ADDRESS (If rural, give location) 4101 Colby Rd. Pikesville

3. NAME OF DECEASED: (Type or Print) (First) MARGARET (Middle) Helena (Last) BERNDT

4. DATE OF DEATH: (Month) (Day) (Year) Aug. 22, 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Jan. 26, 1892

9. AGE Last birthday: 63 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Guckel

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of [redacted])

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Edelmann

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) 929.0 Drowning — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerotic cardiovascular disease

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Home

21c. (City or town) Pikesville (County) Balto (State) Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 8/22/55 M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Found drowned in bathtub

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R K Fisher M. D.

CHIEF MEDICAL EXAMINER ☒
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 8/23/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Aug. 25, 1955

NAME OF CEMETERY OR CREMATORY Meadowridge Cemetery

LOCATION (City, town, or county) (State) Md.

DATE REC'D BY LOCAL REG. 8/24/55

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Frank H. Howell

ADDRESS Pikesville

7419

07406

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Edgemere Millers Island
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION or STREET ADDRESS Fisk's Boat Yard

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto.
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Balto #6. Fullerton
STREET ADDRESS (If rural, give location) 6912 Willowdale ave

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Wilmer (Last) Boyd
4. DATE OF DEATH (Month) Aug (Day) 8 (Year) 1955
5. SEX: M.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 9-13-1907
9. AGE Last birthday: 47 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter. Shop Supt.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: John Boyd
14. MOTHER'S MAIDEN NAME: Josephine Wilmer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 215 05 7550
17. INFORMANT & ADDRESS: Mrs. Viola A. Boyd, 6912 Willowdale Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH 10 min

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cond. Vas disease — several years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF Aug 8 55 6 A M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Mcarmine M.D. M. D. ~~CHIEF MEDICAL EXAMINER~~ DEPUTY MEDICAL EXAMINER ☑ ~~ASSISTANT MEDICAL EXAM.~~ ☐ DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 8/11/'55
NAME OF CEMETERY OR CREMATORY Parkwood Cemetery
LOCATION (City, town, or county) (State) Balto Maryland

DATE REC'D BY LOCAL REG. 8-12-55
REGISTRAR'S SIGNATURE R. W. Wedcott
24. FUNERAL DIRECTOR L. J. Ruck, Inc. 5305 Harford Rd, Balto ADDRESS

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07407

7420

CERTIFICATE OF DEATH

Reg. Dist. No. 75

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Victory Villa
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Victory Villa
STREET ADDRESS (If rural, give location) 15 E. Midland Rd.

3. NAME OF DECEASED: (Type or Print) (First) BONNIE (Middle) G. (Last) BOYLEN

4. DATE OF DEATH: (Month) (Day) (Year) 8-15 1955

5. SEX: Fe

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 11/20/1955

9. AGE last birthday: yrs. 8 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Balto (City) Md

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Ivan M. Boylen

14. MOTHER'S MAIDEN NAME: Webb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service)

17. INFORMANT & ADDRESS: Parents Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

924.0 Immediate cause (a) Asphyxiation — Interval Between Onset and Death: Immed.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Strangulation - Caught head in — Immed

DUE TO (c) crib - during night.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Accident — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home — (CITY OR TOWN) Baltimore — (COUNTY) 20 — (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 15 1955 A M. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Caught head in crib between side spring during night

22. I hereby certify that I attended the deceased from Aug 15, 1955, to Aug 15, 1955, that I last saw the deceased alive on ——, 19——, and that death occurred at A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Louis Lemenoff MD 1437 Fuselage Ave Balto 20, Md 8/16/55

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 8/16/55 — NAME OF CEMETERY OR CREMATORY Belair Memorial — LOCATION (City, town, or county) Belair — (State) Md.

DATE REC'D BY LOCAL REG. 8/16/55 — REGISTRAR'S SIGNATURE Edith Hurley — **24. FUNERAL DIRECTOR** John G. Connelly — ADDRESS Essex, Md

20X42555396

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07408

CERTIFICATE OF DEATH

7421 Reg. Dist. No. .. ..

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Fort Howard,
LENGTH OF STAY (in this place) 17 hrs.40 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY 4
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural give location) 280 St. Helena Avenue

3. NAME OF DECEASED: (Type or Print) (First) FRANK (Middle) (Last) BRAMER

4. DATE OF DEATH: (Month) August (Day) 5, (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	8-10-83	71 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Steel Industry	Vienna, Austria	U.S.A.

13. FATHER'S NAME: Frank Bramer

14. MOTHER'S MAIDEN NAME: Marie Holscher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
Yes	WWI-1	213-07-6538 Unknown	Clin.Rec., Vet.Admin.Hosp., Ft.Howard,Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 IMMEDIATE CAUSE	(A) OLD AND RECENT INFARCTION OF LEFT VENTRICLE	UNKNOWN
ANTECEDENT CAUSE (S)	DUE TO (B) THROMBOSIS OF RIGHT CORONARY ARTERY	UNKNOWN
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (C) ARTERIOSCLEROSIS AND HYPERTENSION	UNKNOWN
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	PARTIAL INFARCTION OF SMALL AND LARGE INTESTINE DUE TO ARTERIOSCLEROSIS	Unknown

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.	21C WHERE DID (City or town) INJURY OCCUR? (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21E INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9:00 PM, 8/4/55, to 2:40 PM. 8/5/55, that I last saw the deceased alive on [illegible] and that death occurred at 2:40 PM, from the causes and on the date stated above.

SIGNATURE William L. VanDegaer M.D. ADDRESS M. D. VAH, Fort Howard, Maryland DATE SIGNED 8-5-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	AUG. 8, 1955	Baltimore National Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Aug. 8, 1955	Dawson L. Parker	Bradley Walter Brooks Funeral Home, Inc. 700 Willow Spring Rd., Baltimore 22, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

7422

07409

CERTIFICATE OF DEATH

Reg. Dist. No.....

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore City — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore — LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mercy Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto City — V. 1. 4.
STREET ADDRESS (If rural, give location) 706 Portland St

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	PAULINE.	M	BREED	Aug	26	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widow	Jan 24, 1871	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	own home	Baltimore City	U.S.A.

13. FATHER'S NAME Frederick Schmidt

14. MOTHER'S MAIDEN NAME Katrine Reinhardt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no		—	Fannie Buckey 5319 Brookewood Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
422.1 Immediate cause	(a) Myocarditis Chronic & Fracture	1 month
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) hypertrophy myocardium	Some years
	(c) arteriosclerosis generalized.	some years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Kyphosis dorsalis not spine — Lifetime.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	no operation.	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
none	no	none	none.	

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
no injury m.		no injury

22. I hereby certify that I attended the deceased from Aug 17, 1955, to Aug 26, 1955, that I last saw the deceased ~~alive~~ dead on Aug 26, 1955, and that death occurred at 2.10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James Graham Marston M.D 516 Cathedral Street 8-29-1955

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	Aug 29/55	London Park	3801 Frederick Ave

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-29-55	[illegible]	Martin J Conroy	5020 Brookewood Road

7422

08384
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 40

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Arm — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ford & Stockdale Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Street
STREET ADDRESS (If rural, give location) 12X-2

3. NAME OF DECEASED: (Type or Print) (First) Gilbert (Middle) R. (Last) Brock
4. DATE OF DEATH (Month) Aug (Day) 19 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feb 21-1895
9. AGE last birthday: 60 61 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Stoner.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hellstown W. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Robt Brock
14. MOTHER'S MAIDEN NAME: Celia Herron
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 233-16-1343
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause 910.3 (a) Crushed Skull — INTERVAL BETWEEN ONSET AND DEATH: Immediate
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐
21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) Glen Arm (County) Balto (State) Md
21d. TIME (Month) Aug (Day) 19 (Year) 55 (Hour) 11 45 A.M.
21e. INJURY OCCURRED While at work ☑ Not while at work ☐
21f. HOW DID INJURY Ooccur? True fell on his head

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.
SIGNATURE W. McCormick M.D. M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: Aug 20-55 — NAME OF CEMETERY OR CREMATORY: Belair — LOCATION (City, town, or county) (State): Belair Md
DATE REC'D BY LOCAL REG. 8-16-55 — REGISTRAR'S SIGNATURE: L.W. Hammett — 24. FUNERAL DIRECTOR & ADDRESS: Hinson & Reed Jarrettsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

07410
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 7422

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 612 I Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Sparrows Point
STREET ADDRESS (If rural, give location) 612 I Street

3. NAME OF DECEASED: (Type or Print) (First) Addie (Middle) (Last) Brooks

4. DATE OF DEATH (Month) Aug. (Day) 29 (Year) 1955

5. SEX: F

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 23, ~~1873~~

9. AGE last birthday: 75 ~~82~~ yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Greenville, Ga.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Simon Tucker

14. MOTHER'S MAIDEN NAME: Charlotte Cowens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Marian Welborn 121 Walnut St. Turner Station, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 422.2

Immediate cause (a) Myocarditis — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c) Senility

INTERVAL BETWEEN ONSET AND DEATH —

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M.D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 8/30/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 9/2/55
NAME OF CEMETERY OR CREMATORY Arbutus Memorial Pk
LOCATION (City, town, or county) (State) Arbutus, Maryland

DATE REC'D BY LOCAL REG. 8/31/55
REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Charles R. Law ADDRESS 802-04 Madison Ave.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7425

CERTIFICATE OF DEATH

Reg. Dist. No. 7411 30

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 Catonsville
LENGTH OF STAY (in this place) 18yr9mo10days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Fr...
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick
STREET ADDRESS (If rural give location) 10-11-2...

3. NAME OF DECEASED: (First) George Luther (Middle) Mason (Last) Brooks

4. DATE OF DEATH: (Month) August (Day) 3, (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married?

8. DATE OF BIRTH: Unknown

9. AGE last birthday: 71? yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumber

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1

IMMEDIATE CAUSE (A) Pulmonary Embolism

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Thrombosis of femoral artery, left DUE TO

(C) Arteriosclerotic cardiovascular disease

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-24- , 19 36 to 8-3- , 1955, that I last saw the deceased alive on 8-3- , 19 55 and that death occurred at 11:15 AM from the causes and on the date stated above.

SIGNATURE M. D. S. Wachsler ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 8-3-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Embalmed

DATE THEREOF: Aug 17 1955

NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State): Wm. J. McNeal Sel. Balto. Md.

DATE REC'D BY LOCAL REGISTRAR: Aug. 24, 1955

REGISTRAR'S SIGNATURE: Victor E. Harris

24. FUNERAL DIRECTOR: The Anatomy Board, Md. per. H. Christie ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07412

7426

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp. 14

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural give location) 2236 W. BALTIMORE ST

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) R. (Last) BURKE

4. DATE OF DEATH: (Month) 8 (Day) 8 (Year) 1955

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed | 8. DATE OF BIRTH. 3/7/1889 | 9. AGE last birthday: 66 yrs | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fisher | 10B. KIND OF BUSINESS OR INDUSTRY: MARBLE

11. BIRTHPLACE (State or foreign country): MARYLAND | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William L. Burke

14. MOTHER'S MAIDEN NAME: Elmira Norwood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO. ?

17. INFORMANT & ADDRESS: Mr Wm J. Burke 34 Bernice Ave

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
422.1 IMMEDIATE CAUSE	(A) Cerebro Vascular Accident	4 days
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Arteriosclerotic Cardio Vasc. D.	years
	DUE TO	
	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/5T, 1955, to 8/8, 1955, that I last saw the deceased alive on 8/8, 1955, and that death occurred at 1.45 A.M. from the causes and on the date stated above.

SIGNATURE Stella Wachsler M. D. ADDRESS Spring Grove State Hosp. DATE SIGNED 8/8/1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 8-10-55 | NAME OF CEMETERY OR CREMATORY Western | LOCATION (City, town, or county) (State) Baltimore Md.

DATE REC'D BY LOCAL REGISTRAR 8-9-55 | REGISTRAR'S SIGNATURE C. W. Heald | 24. FUNERAL DIRECTOR ADDRESS George L. Schwab, Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07334

74-14 CERTIFICATE OF DEATH

Reg. Dist. No. 4-2

1. PLACE OF DEATH: Baltimore
COUNTY A. A. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lansdowne
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 159 Howard Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Md. COUNTY A. A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lansdowne
STREET ADDRESS (If rural give location) 159 Howard Ave.

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) C. (Last) Buschel Berger

4. DATE OF DEATH (Month) Aug (Day) 2nd (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: 6/16/1898 | 9. AGE last birthday: 57 yrs | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Roofer

10B. KIND OF BUSINESS OR INDUSTRY: B & O R.R.

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John T. Buschel Berger

14. MOTHER'S MAIDEN NAME: Isabella [illegible]

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No | If Yes, give war or dates of service:

16. SOCIAL SECURITY NO.

17. INFORMANT'S ADDRESS: Grace G. Buschel Berger 159 Howard Ave. Lansdowne

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
199.1
IMMEDIATE CAUSE (A) Anaplastic Carcinoma, neck — INTERVAL BETWEEN ONSET AND DEATH: 3½ mos
ANTECEDENT CAUSE (S): DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 28, 1955, to Aug 2, 1955, that I last saw the deceased alive on Aug 1, 1955, and that death occurred at 10:15 A.M., from the causes and on the date stated above.

SIGNATURE L. Adler Rosberg M. D. ADDRESS M. D. 2436 Washington Blvd-30 DATE SIGNED 8/3/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 8/5/55 | NAME OF CEMETERY OR CREMATORY Suckel Heart | LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR Wm Cook ADDRESS 1217 St. Paul St.

VS. A15 — 10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 87413

7427

CERTIFICATE OF DEATH

Reg. Dist. No. 2

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 Catonsville; LENGTH OF STAY (in this place) 1 mo. 5 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3V01.4; STREET ADDRESS (If rural give location) 1504 Hollins Street √

3. NAME OF DECEASED: (First) Daniel (Middle) H. (Last) Conroy

4. DATE OF DEATH: (Month) August (Day) 16, (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 8-11-1890

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Storekeeper

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Conroy

14. MOTHER'S MAIDEN NAME: Mary Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Records. Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

42.1

IMMEDIATE CAUSE (A) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

(B) DUE TO Coronary arteriosclerosis thrombosis — 2 days

(C) Coronary arteriosclerosis — years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-11- , 19 55 to 8-16- , 19 55 that I last saw the deceased alive on 8-16- , 19 55 and that death occurred at 3:15 PM, from the causes and on the date stated above.

SIGNATURE S. Wachsler M.D. ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 8-16-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF Aug. 19/55 NAME OF CEMETERY OR CREMATORY St. Paul's-5th Ref. Ch. LOCATION (City, town, or county) (State) 5600 Cardiff Ave. Md

DATE REC'D BY LOCAL REGISTRAR 8-18 55 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Harry H. Weitzke ADDRESS 4101 Edmondson Ave

MARYLAND STATE DEPARTMENT OF HEALTH

7428

2411 N. Charles Street, Baltimore

07414

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills | LENGTH OF STAY (In this place) 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gwynn Brook Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE same COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
STREET ADDRESS (If rural give location) |

3. NAME OF DECEASED (Typo or Print): (First) India (Middle) Mable (Last) Constantine

4. DATE OF DEATH: (Month) August (Day) 26 (Year) 1955

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, (MARRIED) WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH: May 12, 1886 | 9. AGE last birthday: 69 yrs. | If under 1 year: Months Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W. | 10b. KIND OF BUSINESS OR INDUSTRY: — | 11. BIRTHPLACE (State or foreign country): Reisterstown, Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? Rau | 14. MOTHER'S MAIDEN NAME: ? Lloyd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: 0 | 17. INFORMANT: Mrs Jane Ford - daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

171X Immediate cause (a) Carcinoma cervix & metastasis — 4 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, generalized

(c) Coronary Insufficiency

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: — | 19b. MAJOR FINDINGS OF OPERATION: — | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 August, 1955, to 25 August, 1955, that I last saw the deceased alive on 25 August, 1955, and that death occurred at 5:20 A. m., from the causes and on the date stated above.

SIGNATURE: Charles F. Williams | (Degree or title) M.D. | ADDRESS: Pikesville 8, Md | DATE SIGNED: 26 August 55

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Aug 29 - 1955 | NAME OF CEMETERY OR CREMATORY: All Saints Cemetery | LOCATION (City, town, or county): Reisterstown | (State): Md.

DATE REC'D BY LOCAL REG. 8-29-55 | REGISTRAR'S SIGNATURE: Mary B. Shue

24. FUNERAL DIRECTOR: Wm Berryman & Sons - Reisterstown, Md. | ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

7429

07415

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Reisterstown (R) — LENGTH OF STAY (in this place) 34 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS at Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Owings Mills
STREET ADDRESS (If rural, give location) 6821 Liberty Rd. (R)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Walter	Hancock	Cook	Aug	18	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Feb 16 81	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Real Estate	Property	Baltimore	US

13. FATHER'S NAME Silas Cook

14. MOTHER'S MAIDEN NAME Agnes B. Walter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	No	216-32-0990	Wm H Hook - Balto 7

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
177X Immediate cause	(a) Cardiac failure	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma Prostate	1½ yrs
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July, 1954, to Aug., 1955, that I last saw the deceased alive on 8-17, 1955 and that death occurred at 8:15 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. L. Stauch	M.D.	1022 Belle Air	Aug 18 55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug 20 55	Loudon Park	Lakeside

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/19/55	[illegible]	Edward Monn Co	108 W North

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07416

7439 Item 1,

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 45 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OWINGS MILLS
STREET ADDRESS (If rural give location) GARRISON ROAD

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) M. (Last) CORBIN

4. DATE OF DEATH: (Month) AUGUST (Day) 23 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 5/29/16

9. AGE last birthday: 39 yrs. If under 1 year: Months Days. If under 24 hrs: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Heavy equip. Operator

10B. KIND OF BUSINESS OR INDUSTRY: Road Construction

11. BIRTHPLACE (State or foreign country): COCKEYSVILLE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: GEORGE M. CORBIN

14. MOTHER'S MAIDEN NAME: MARGARET SHEELER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. 220-05-7333

17. INFORMANT & ADDRESS: CLIN.REC., VET.ADM.HOSP., FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CARCINOMA OF THE RIGHT LUNG WITH METASTASIS TO RIB AND VERTEBRAL COLUMN — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (S) — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST
DUE TO (B)
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: (1) 7-19-55 (2) 7-25-55, (3) 7-27-55

19B. MAJOR FINDINGS OF OPERATION: (1) Bronchoscopy: Bronchial mucosal cells. (2) Myelogram: Probable metastatic turn to cauda equina. (3) Lamipectomy L-5: Compression of dura & arachnoid by lamina L-5

20. AUTOPSY? YES ☐ NO XXX

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from JULY 9, 1955, to AUG. 23, 1955, XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX and that death occurred at 1:50 AM. from the causes and on the date stated above.

SIGNATURE: JOSEPH M. MILLER, M.D., Chief, Surgical Service — ADDRESS: VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 8-23-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL — DATE THEREOF: 8-27-55 — NAME OF CEMETERY OR CREMATORY: FALLS RD. METHODIST CHAPEL — LOCATION (City, town, or county) (State): BALTIMORE COUNTY, MD.

DATE REC'D BY LOCAL REGISTRAR: 8-23-55 — REGISTRAR'S SIGNATURE: Mary B. Eline

24. FUNERAL DIRECTOR — ADDRESS: JOSEPH F. ELINE & SONS FUNERAL HOME, REISTERSTOWN, MARYLAND

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

7431 MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07417

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sparrows Point
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sparrows Point
STREET ADDRESS (If rural, give location): 512 D St.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) E (Last) Cox

4. DATE OF DEATH: (Month) Aug 13 (Day) /55 (Year) 8/13/55 19

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: May 14 1896

9. AGE last birthday: 59 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Indianna

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Mordica

14. MOTHER'S MAIDEN NAME: Maude Louiso

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Samuel Cox Jr 512 D St Sparrows Point

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized Carcinomatosis — Interval between onset and death: 3 wks

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Carcinoma of gall bladder — 8 months

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 19 55, to Aug 12, 19 55, that I last saw the deceased alive on Aug 12, 19 55, and that death occurred at 5:00 A m., from the causes and on the date stated above.

SIGNATURE: James G. Means (Degree or title): M.D. ADDRESS: 520 D St Balto 19 Md. DATE SIGNED: 8/15/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Aug 16/55 — NAME OF CEMETERY OR CREMATORY: Maryland Mem — LOCATION (City, town, or county) (State): Balto Co

DATE REC'D BY LOCAL REG.: 8/16/55 — REGISTRAR'S SIGNATURE: R. W. Hedrick

24. FUNERAL DIRECTOR: Wilhelm Funeral Home — ADDRESS: 4210 Belair Road

Item 8: Film 0[illegible]
8/9/55 dmr.

07418

MARYLAND STATE DEPARTMENT OF HEALTH

7432

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stoneleigh — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stoneleigh
STREET ADDRESS (If rural, give location) 812 Kingston Road

3. NAME OF DECEASED (Type or Print): (First) William (Middle) S. (Last) Crichton
4. DATE OF DEATH: (Month) August (Day) 1 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Aug. 2, 1899
9. AGE last birthday: 55 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Representative
10b. KIND OF BUSINESS OR INDUSTRY: Pharmaceuticals
11. BIRTHPLACE (State or foreign country): Petersberg, Va.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Crichton
14. MOTHER'S MAIDEN NAME: ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY No. ?
17. INFORMANT AND ADDRESS: Mr. William S. Crichton, Jr. Rd. 12 812 Kingston

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pain in Chest & Auricular	
	(c) Fibrillation	2 Months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Charles F. Rommel M.D. — ADDRESS 7501 York Rd Towson 4 Md. — DATE SIGNED 8/4/55

DISPOSITION (Burial, Cremation, etc.) Burial — DATE THEREOF 8/3/55 — NAME OF CEMETERY OR CREMATORY Druid Ridge — LOCATION (City, town, or county) (State) Pikesville, Md.

DATE RECEIVED BY LOCAL REG. 8/2/55 — REGISTRAR'S SIGNATURE A.W.Hedrich dmr. — 24. FUNERAL DIRECTOR Wm. J. Tickner & Son — ADDRESS N. & Pa. Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

VS A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07419

7433 **CERTIFICATE OF DEATH** Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 Catonsville
LENGTH OF STAY (in this place) 2yr10mos16days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3V 1.4
STREET ADDRESS (If rural give location) 4400 Kathland Avenue √

3. NAME OF DECEASED: (Type or Print) (First) Paul (Middle) Frederick (Last) Cullison

4. DATE OF DEATH: (Month) August (Day) 18, (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	12/13-1883	71 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Master Mariner (-)
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benjamin Cullison
14. MOTHER'S MAIDEN NAME: Malina Gibson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 217-14-0983A
17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
4 x 1 IMMEDIATE CAUSE	(A) Cerebrovascular accident	
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Arteriosclerotic cardiovascular disease	
	(C) DUE TO Generalized arteriosclerosis	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-2- , 1952 to 8-18- , 1955 that I last saw the deceased alive on 8-18- , 1955, and that death occurred at 12:40 PM, from the causes and on the date stated above.

SIGNATURE S. Wachter M. D. ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 8-18-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City or town) (County) (State)
Burial	8/20/55	Oak Lawn Cem.	Balto., Md.

DATE REC'D BY LOCAL REGISTRAR: REGISTRAR'S SIGNATURE: [illegible]
24. FUNERAL DIRECTOR: Wm. J. Tickner & Sons ADDRESS: Relto 17 Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND 7434

07420

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Parkville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8733 Satyr Hill Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville X
STREET ADDRESS (If rural, give location) 8733 Satyr Hill Road

3. NAME OF DECEASED (Type or Print) (First) Mrs. Mary (Middle) Agnes (Last) Dannenmann

4. DATE OF DEATH (Month) August (Day) 21, (Year) 1955

5. SEX female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Nov. 22, 1869

9. AGE last birthday 85 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Long Green, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Mr. James J. Ohler

14. MOTHER'S MAIDEN NAME Mary A. Nolan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Mrs. Lloyd Breidenbaugh, 8733 Satyr Hill Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 422.1 (a) Arteriosclerotic cardiovascular disease

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)... (c)...

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/15..., 19..., to 8/21..., 19..., that I last saw the deceased alive on 8/20..., 19..., and that death occurred at 11:45 m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED 8/24/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE Aug.25, 1955

NAME OF CEMETERY OR CREMATORY St. John's Cemetery

LOCATION (City, town, or county) (State) Long Green, Maryland

DATE RECD BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck, 5305 Harford Road #14

RGIN RESERVED FOR BINDING

Dr. Grau
8523 Loch Raven Blvd.

7435 07421

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. . . . . .

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Edgemere LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2913 Dennis Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Isabella (Middle) Louise (Last) Davenport
4. DATE OF DEATH (Month) Aug (Day) 19 (Year) 1955
5. SEX: Fem
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH: June 27/911
9. AGE last birthday: 44 yrs IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore Co, Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Frederick Parlow
14. MOTHER'S MAIDEN NAME: Fannie Snowden
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

Immediate cause 174X (a) Generalized Carcinomatosis.
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cancer Uterus
DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY 21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) Aug (Day) 19 (Year) 55 (Hour) 12 M. 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE J M Carmine M. D. ~~CHIEF MEDICAL EXAMINER~~ DEPUTY MEDICAL EXAMINER ☑ ~~ASSISTANT MEDICAL EXAM.~~ ☐ DATE SIGNED

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify): DATE THEREOF 8-22-55 NAME OF CEMETERY ~~OR CRIMATORY~~ Mt Calvary LOCATION (City, town, or county) (State) A.A. Co. Md

DATE REC'D BY LOCAL REG. 8-5-55 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Samuel W. Sullivan Jr. ADDRESS Balto.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07422

7436 CERTIFICATE OF DEATH Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY: BALTIMORE
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): FORT HOWARD
MARYLAND
LENGTH OF STAY (in this place): 3 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTIMORE
STREET ADDRESS (If rural give location): 5100 PLYMOUTH ROAD

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) A. (Last) DAVIS, JR.

4. DATE OF DEATH (Month) (Day) (Year): AUGUST 24 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: 9/11/10

9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): POLICEMAN

10B. KIND OF BUSINESS OR INDUSTRY: BALTIMORE CITY

11. BIRTHPLACE (State or foreign country): TOWSON, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: HARRY A. DAVIS, SR.

14. MOTHER'S MAIDEN NAME: GERTRUDE HALL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): YES (If Yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: 212-01-8829

17. INFORMANT & ADDRESS: CLIN.REC., VET.ADM.HOSPITAL, FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

416X

IMMEDIATE CAUSE (A) CONGESTIVE FAILURE — INTERVAL BETWEEN ONSET AND DEATH: 3 YEARS

ANTECEDENT CAUSE (B) DUE TO: RHEUMATIC HEART DISEASE — 30 YEARS

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO: (C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY occur?

VA

22. I hereby certify that I attended the deceased from AUG. 21 1955, to AUG. 24, 1955 [redacted], and that death occurred at 1:45A M. from the causes and on the date stated above.

[redacted] SIGNATURE — ADDRESS — DATE SIGNED

RIVING FREEMAN, M.D., Acting Chief, Medical Service VAH, FORT HOWARD, MARYLAND 8-24-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL — DATE THEREOF: 8/26/55 — NAME OF CEMETERY OR CREMATORY: BALTIMORE NATIONAL CEMETERY — LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR AND ADDRESS: LEONARD RUCK FUNERAL HOME, 5305 HARFORD RD., BALTIMORE, MD.

7437 MARYLAND STATE DEPARTMENT OF HEALTH 07423

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Pikesville
LENGTH OF STAY (In this place) 35 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Druid Ridge Cemetery

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville 8 X
STREET ADDRESS (If rural, give location) 106 Old Court Rd. /

3. NAME OF DECEASED (Type or Print): (First) August (Middle) Leo (Last) Deller

4. DATE OF DEATH: (Month) Aug (Day) 6 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 7-7-1892

9. AGE last birthday: 63 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Cemetery worker

10b. KIND OF BUSINESS OR INDUSTRY: Druid Ridge

11. BIRTHPLACE (State or foreign country): Howard CO. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: August Deller

14. MOTHER'S MAIDEN NAME ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. ✓

17. INFORMANT AND ADDRESS: Salvatura M. Deller (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) Coronary artery Disease — Interval between onset and death: 6 mo.

Antecedent cause(a) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

If EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH: None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: None. (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? None

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: A.D. Caples (Degree or title) M.D. ADDRESS: Reisterstown, Md DATE SIGNED: Aug 7 '55

DISPOSITION (Burial, Cremation, Removal (Specify)): Burial DATE THEREOF: Aug 8, 1955 NAME OF CEMETERY OR CREMATORY: Druid Ridge LOCATION (City, town, or county) (State): Pikesville, Md

DATE REC'D BY LOCAL REG.: AUG 8, 1955 REGISTRAR'S SIGNATURE: Wendy A Newell

24. FUNERAL DIRECTOR: Wade H. Mauck ADDRESS: Pikesville Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07424

7415 CERTIFICATE OF DEATH Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
LENGTH OF STAY (in this place) 51
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4413 Alan Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
STREET ADDRESS (If rural, give location) 4413 Alan Drive

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) Sewell Joseph Dobbs

4. DATE OF DEATH: (Month) (Day) (Year) August 6, 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married

8. DATE OF BIRTH: Mar. 3, 1898

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator

10b. KIND OF BUSINESS OR INDUSTRY: Bal to. Transit

11. BIRTHPLACE (State or foreign country): Ill.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Edward Dobbs

14. MOTHER'S MAIDEN NAME: Mary Menard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) World War 1

16. SOCIAL SECURITY NO.: 213-05-9320

17. INFORMANT & ADDRESS: Pauline Dobbs 4413 Alan Drive

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Myocardial Infarction – Coronary Disease — Interval between onset and death: 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Anginal Syndrome — 1½ years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1955, to Aug 6, 1955, that I last saw the deceased alive on Aug 4, 1955, and that death occurred at 12.15 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) John F. Coalahan, M.D. ADDRESS 4201 Wilkens Ave #29 DATE SIGNED 8/6/55

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 8-9-55 — NAME OF CEMETERY OR CREMATORY Baltimore National — LOCATION (City, town, or county) Baltimore (State)

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS Howard H. Hubbard, 4107 Wilkens Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07425

CERTIFICATE OF DEATH

7439

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY: BALTIMORE
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): FORT HOWARD
MARYLAND
LENGTH OF STAY (in this place): 36 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND COUNTY: DORCHESTER
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): HURLOCK
STREET ADDRESS (If rural give location): ROUTE #2, BOX 59

3. NAME OF DECEASED (Type or Print): (First) ISAAC (Middle) S. (Last) DUKES

4. DATE OF DEATH: (Month) AUGUST (Day) 29 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARR.ED, WIDOWED, DIVORCED. (Specify): DIVORCED

8. DATE OF BIRTH: 3/21/92

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): LABORER

10B. KIND OF BUSINESS OR INDUSTRY: CANNERY

11. BIRTHPLACE (State or foreign country): DORCHESTER COUNTY, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: WILLIAM DUKES

14. MOTHER'S MAIDEN NAME: CLARA FRAZIER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): YES (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: CLIN.REC.VET.ADM.HOSPITAL, FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CARCINOMA OF STOMACH — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 1-28-55

19B. MAJOR FINDINGS OF OPERATION: Subtotal Gastrectomy - Carcinoma of Stomach

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from JULY 24, 1955, to AUG. 29, 1955, [redacted], and that death occurred at 1:45 AM. from the causes and on the date stated above.

[redacted] SIGNATURE — ADDRESS — DATE SIGNED

FRANCIS G. DICKEY, M.D., Chief, Medical Service, M.D. VAH, FORT HOWARD, MARYLAND

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL

DATE THEREOF: Aug 31st 1955

NAME OF CEMETERY OR CREMATORY: Washington Cemetery

LOCATION (City, town, or county) (State): Hurlock, Maryland

DATE REC'D BY LOCAL REGISTRAR: Aug 29-55

REGISTRAR'S SIGNATURE: Simon L. Harbor

24. FUNERAL DIRECTOR: H. H. Willoughby & Son, New Market, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 07426

7439

1. PLACE OF DEATH: COUNTY Baltimore County — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): 55 Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sheppard & Enoch Pratt Hosp. Towson 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Lutherville, Maryland
STREET ADDRESS (If rural give location): Seminary Avenue

3. NAME OF DECEASED: (Type or Print) (First) Emily (Middle) Jeanette (Last) Duncan

4. DATE OF DEATH: (Month) August (Day) 10 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: February 1, 1897

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): unemployed

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore County, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank I. Duncan

14. MOTHER'S MAIDEN NAME: Clara Eaverson

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.): no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 491X (a) BILATERAL LOBULAR PNEUMONIA — Interval Between Onset And Death: 1 wk.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Psychotic DEPRESSIVE REACTION — 6 mos.
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 May, 19 55, to 10 August, 19 55, that I last saw the deceased alive on 10 August, 19 55, and that death occurred at 6:05 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Harry W. Murdock M.D. ADDRESS DATE SIGNED: Aug 11, 1955

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF: 8/13/55 NAME OF CEMETERY OR CREMATORY: Jessops LOCATION (City, town, or county) (State): Cockeysville, Md.

DATE RECD BY LOCAL REGISTRAR: 8-12-55 REGISTRAR'S SIGNATURE: C. V. Hedrick

24. FUNERAL DIRECTOR: H. W. Meades & Son ADDRESS: 505 N. Calvert St.

R.L.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

07427

7440

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH: COUNTY Balto — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Fullerton. P.O. — LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9120 Belair Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton. P.O. X
STREET ADDRESS (If rural, give location) 9120. Belair Rd

3. NAME OF DECEASED (Type or Print): (First) William — (Middle) G — (Last) Dunty
4. DATE OF DEATH: (Month) Aug (Day) 17 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: April 22 1893
9. AGE last birthday: 62 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Chauffeur
10b. KIND OF BUSINESS OR INDUSTRY: Black + Decker
11. BIRTHPLACE (State or foreign country): Balto Co Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm G Dunty
14. MOTHER'S MAIDEN NAME: Elizabeth —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs Albert Smith. 9116 Belair Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 Immediate cause (a) Cerebral hemorrage, at mid. cerebral Art. — Interval Between Onset and Death: 10 days,

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio Vascular desease — 7yrs.

(c) Arterio sclerosis — unkn.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Lobar pneumonia Lft. — 6 days.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 Aug., 1955, to 17 Aug., 1955, that I last saw the deceased alive on 16 Aug., 1955, and that death occurred at 1730 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John C. H[illegible] MD 7527 Belair Rd Balto Md 18 Aug 55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 8/20/55
NAME OF CEMETERY OR CREMATORY: Maryland Mem. Park
LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG.: 8-18-55
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR: Lasselun Funeral Home
ADDRESS: 7401 Belair Rd.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07428

7441

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 5a
LENGTH OF STAY (In this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Catonsville Rd Englewood Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Woodstock 15 X - ✓
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) HETTY (Middle) CELCINDIA (Last) DWYER
4. DATE OF DEATH: (Month) Aug (Day) 2 (Year) 1955

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Oct 22, 1869
9. AGE last birthday: 85 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dressmaker
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Howard Co Md
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Robert Brown
14. MOTHER'S MAIDEN NAME: Celcindia Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Estelle Leishear Woodbine Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
422.1 Immediate cause	(a) Chronic Myocardial Degeneration	10 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio Sclerotic Cardio Vascular Dis.	15 yrs
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: No operation
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ✓

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 6, 1955, to Aug 2, 1955, that I last saw the deceased alive on July 29, 1955, and that death occurred at 8:55 A m., from the causes and on the date stated above.

SIGNATURE Joshua H. Annacott (Degree or title) M.D.
ADDRESS 6419 Windsor Mill Rd
DATE SIGNED 8-2-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug 4 1955
NAME OF CEMETERY OR CREMATORY Providence
LOCATION (City, town, or county) (State) Howard Co Md

DATE REC'D BY LOCAL REG. 8-2-55
REGISTRAR'S SIGNATURE V. E. Harry
24. FUNERAL DIRECTOR Roy W Barber Lodonville Md
ADDRESS

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07429

7442

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson
LENGTH OF STAY (in this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS 13 Cedar Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson 55
STREET ADDRESS (If rural give location) 13 Cedar Ave

3. NAME OF DECEASED: (Type or Print) (First) Ulver (Middle) Bagley (Last) Eckhart
4. DATE OF DEATH: (Month) Aug 11 (Day) — (Year) 1955
5. SEX: M
6. COLOR OR RACE: W.
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify):
8. DATE OF BIRTH: Oct 3-1879
9. AGE last birthday 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired.
10B. KIND OF BUSINESS OR INDUSTRY: Nursery.
11. BIRTHPLACE (State or foreign country): Sunny brook Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Wm Eckhart
14. MOTHER'S MAIDEN NAME: Amanda Wesley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) None (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-32-2909
17. INFORMANT & ADDRESS: Robert F. Eckhart Towson 4

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

181X

IMMEDIATE CAUSE (A) DUE TO Carcinoma of Bladder 2 yrs.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1954 to August 11, 1955, that I last saw the deceased alive on August 11 1955, and that death occurred at 3¼ P M, from the causes and on the date stated above.

SIGNATURE Charles F. O'Donnell M. D. ADDRESS 7501 York Rd DATE SIGNED 8/13/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF Aug 15-1955 NAME OF CEMETERY OR CREMATORY Chestnut Grove LOCATION (City, County, State) Jacksonville Md.

DATE REC'D BY LOCAL REGISTRAR Aug. 14, 1955 REGISTRAR'S SIGNATURE Mabel C. Gray 24. FUNERAL DIRECTOR John Bilmstein & Sons ADDRESS Towson 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

VS. A15—10-53

07430

MARYLAND STATE DEPARTMENT OF HEALTH

7443

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X — LENGTH OF STAY (in this place) 32 1/12
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6910 Beach Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
STREET ADDRESS (If rural, give location) 6910 Beach Ave

3. NAME OF DECEASED (Type or Print): (First) Dorothy (Middle) T (Last) Eick

4. DATE OF DEATH: (Month) Aug (Day) 7 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: July 8-1890

9. AGE last birthday: 65 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Balto City Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Michael Beathold

14. MOTHER'S MAIDEN NAME: Anna Schneider

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs Harry Lytle

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemmorhage — Interval between onset and death: 1/2 hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular Disease — 10 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-6, 1955, to 8-7, 1955, that I last saw the deceased alive on 8-7, 1955, and that death occurred at 6:15 P. m., from the causes and on the date stated above.

SIGNATURE: Adam G Lewis — (Degree or title) M.D. — ADDRESS 6232 Belair Road — DATE SIGNED Aug. 8, 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 8/11/55 — NAME OF CEMETERY OR CREMATORY: Holy Redeemer — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG. Aug. 8-1955 — REGISTRAR'S SIGNATURE Mrs. M. D. Reifsnider

24. FUNERAL DIRECTOR: Lassahn Funeral Home — ADDRESS 7401 Belair Rd

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07431

7444 **CERTIFICATE OF DEATH** Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 28 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 607 S. Hilton Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
STREET ADDRESS (If rural give location) 607 S. Hilton Ave.

3. NAME OF DECEASED: (First) Percy (Middle) Cecil (Last) Embury
4. DATE OF DEATH: (Month) Aug. (Day) 4, (Year) 1955.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Widowed	May 31, 1878.	77 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Florist	Retail Sales	Canada	U.S.A.

13. FATHER'S NAME: William H. Embury
14. MOTHER'S MAIDEN NAME: Susan Peterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	— — — —	212-10-3045	Melvin W. Embury, 607 S. Hilton Ave. Catonsville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 204.2 (A) Chr. Lymphatic Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 9 mon

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-4, 1954, to 8-4, 1955 that I last saw the deceased alive on 8-4, 1955, and that death occurred at 11 P. M. from the causes and on the date stated above.

SIGNATURE James Estoreef M. D. ADDRESS Catonsville DATE SIGNED 8-6

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/8/55.	Loudon Park Cem.	Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-7-55	C. E. Harvey	Easton Sons,	Catonsville 28, Md

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7445

CERTIFICATE OF DEATH

07432

Reg. Dist. No. 37

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN X Cockeysville — LENGTH OF STAY (in this place) 8 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 94 Balto. County Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) (Last) Eresson

4. DATE OF DEATH: (Month) August (Day) 9 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct. 21, 1884

9. AGE last birthday: 70 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ireland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Eresson

14. MOTHER'S MAIDEN NAME: Mary Doyle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service) no

16. SOCIAL SECURITY No.: none

17. INFORMANT'S ADDRESS: Mrs Ellen Subre - 308 D. St Sparrows Point

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Cerebral embolism — Interval Between Onset And Death: 10 min.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Auricular fibrillation

DUE TO

(c) Arteriosclerotic heart disease — years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 52, to Aug. 55, that I last saw the deceased alive on Aug. 9, 1955, and that death occurred at 7:55 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Elizbeth B. Sherrill M.D. — ADDRESS Cockeysville, Md. — DATE SIGNED 8/9/55

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 8-10-55 — NAME OF CEMETERY OR CREMATORY St. Joseph — LOCATION (City/town, or county) (State) Cockeysville, Md

DATE REC'D BY LOCAL REGISTRAR 8/9/55 — REGISTRAR'S SIGNATURE Wm. J. Linhard

24. FUNERAL DIRECTOR Brooks Funeral Service — ADDRESS Sparrows Point, Md.

J. Scott Brooks

MARYLAND STATE DEPARTMENT OF HEALTH

7445

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07433

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Notch Cliff near Towson; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 94 Villa Maria Glenarm P.O. Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Notch cliff near Towson X; STREET ADDRESS (If rural, give location) Glenarm Rd.

3. NAME OF DECEASED (Type or Print): (First) Sister Mary (Middle) Dignata (Last) FESSLER.

4. DATE OF DEATH: (Month) Aug. (Day) 23 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jan. 4 1882

9. AGE last birthday: 73 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher

10b. KIND OF BUSINESS OR INDUSTRY: RELIGIOUS

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: FESSLER

14. MOTHER'S MAIDEN NAME: Martina Haefele

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Sr Mary Clara Notch Cliff Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
172X Immediate cause	(a)	Coronary occlusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Metastatic Carcinoma general	2 yrs
	(c)	Carcinoma Body of uterus	5 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 6, 1954, to Aug 23, 1955, that I last saw the deceased alive on Aug 16, 1955, and that death occurred at 10.20 P m., from the causes and on the date stated above.

SIGNATURE: Charles F. O'Donnell MD (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL; DATE THEREOF: 8-26-55.; NAME OF CEMETERY OR CREMATORY: VILLA MARIA CEM.; LOCATION (City, town, or county) (State): NOTCH CLIFF NR TOWSON MD

DATE REC'D BY LOCAL REG.:

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Charles L. Geisler ADDRESS: 901 S. COUNTY ST. BALTO, 24, MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07434

7447 CERTIFICATE OF DEATH Reg. Dist. No. 30

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN 52 Catonsville
LENGTH OF STAY (in this place) 79 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Shadynook Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 52
STREET ADDRESS (If rural give location) 1205 Frederick Road

3. NAME OF DECEASED: (Type or Print) (First) MARIE (Middle) LOUISE (Last) FREUND

4. DATE OF DEATH: (Month) Aug. (Day) 31, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Mar. 9, 1876

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Jacob Freund

14. MOTHER'S MAIDEN NAME: Magdalena Zihner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Catonsville, Md. Miss Marie Heidelbach 1005 Frederick Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

IMMEDIATE CAUSE (A) Essential Hypertension chronic — INTERVAL BETWEEN ONSET AND DEATH: 12 yrs

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Cerebral Hemorrhage — 4 yrs

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19 26 to 8-31 ., 1955, that I last saw the deceased alive on 8-30 ., 1955, and that death occurred at 3:45 P.M. from the causes and on the date stated above.

SIGNATURE [illegible] ADDRESS Ellicott City Md. DATE SIGNED 9-1-55

M.D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 9/2/55 NAME OF CEMETERY OR CREMATORY Loudon Park LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 9-2-55 REGISTRAR'S SIGNATURE V. E. Harry

24. FUNERAL DIRECTOR Edward Sons ADDRESS Catonsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

07435

7448

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Pt. — LENGTH OF STAY (In this place) 8 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bet. Steel Disp —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2118 E. Biddle St.

3. NAME OF DECEASED (Type or Print): (First) LEWIS (Middle) W. (Last) JAMES.

4. DATE OF DEATH: (Month) 8 (Day) 15 (Year) 19 55

5. SEX: M

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: 10-8-1919

9. AGE last birthday: 35 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): JANITOR

10b. KIND OF BUSINESS OR INDUSTRY: Steel Plant

11. BIRTHPLACE (State or foreign country): Williamsburg S.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Walter Fulwood Sr.

14. MOTHER'S MAIDEN NAME: Estella Bergus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): W.W. #2

16. SOCIAL SECURITY NO.: 248-26-3940

17. INFORMANT AND ADDRESS: Emma McKnight 2118 E Biddle St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4201

Immediate cause (a) Coronary Occlusion — 2/17/55

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Myocarditis - Chronic —
(c) Coronary Heart Disease —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

V. P. Davis M.D. Dep. Med. Exam. — Dundalk-Vr. Md — 8/15/55

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 8-19-1955 — NAME OF CEMETERY OR CREMATORY: National Cemetery — LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR ADDRESS: Randolph J. Collick 1412 E. Preston St.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07436

7449

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS Catonsville Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie
STREET ADDRESS (If rural give location) Route 2 - Box 249 - Point Pleasant

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) P (Last) Gabler

4. DATE OF DEATH: (Month) Aug (Day) 9 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: January 30, 1882

9. AGE Last birthday: 73 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Governess (ret.)

10b. KIND OF BUSINESS OR INDUSTRY: Self Employed

11. BIRTHPLACE (State or foreign country): New York, New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Julius Gabler

14. MOTHER'S MAIDEN NAME: Antonia Kufsuhinska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: 054-14-5142A

17. INFORMANT & ADDRESS: Mrs. Eleanore L. Seaborn, Route 2 - Box 249 Glen Burnie, Point Pleasant, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

422.1

Immediate cause (a) Myocarditis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Senility with Severe Arteriosclerosis + Cerebral Anoxia

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 19 55, to Aug., 19 55, that I last saw the deceased alive on Aug 6, 19 55, and that death occurred at 4 00 P.M., from the causes and on the date stated above.

SIGNATURE Frank A. Kasik, Jr. M.D. — (Degree or title) — ADDRESS 905 Harford Rd. — DATE SIGNED 8/10/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF August 12, 1955 — NAME OF CEMETERY OR CREMATORY Fort Lincoln — LOCATION (City, town, or county) Prince George Co. — (State) Md.

DATE REC'D BY LOCAL REGISTRAR Aug 10, 1955 — REGISTRAR'S SIGNATURE Victor B. Harry, L. D. Raeburn, D

24. FUNERAL DIRECTOR T P Singleton, Glen Burnie, Md. — ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07437

7450

CERTIFICATE OF DEATH

Reg. Dist. No. 36

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson 4
LENGTH OF STAY (in this place) 55
HOSPITAL OR INSTITUTION OR STREET ADDRESS 29 Normal Terrace

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson 4
STREET ADDRESS (If rural give location) 29 Normal Terrace

3. NAME OF DECEASED: (Type or Print) (First) Webster (Middle) Thomas (Last) Germain
4. DATE OF DEATH: (Month) Aug (Day) 27 (Year) 1955
5. SEX: M
6. COLOR OR RACE: W
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify):
8. DATE OF BIRTH: Mar 22 1889
9. AGE last birthday 66 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Hospital Worker
10b. KIND OF BUSINESS OR INDUSTRY: Hospital
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Thomas J Germain
14. MOTHER'S MAIDEN NAME: Josephine Eakes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 705-10-8852
17. INFORMANT & ADDRESS: Mrs Eva N Stanton 29 Normal Ter

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
163X
Immediate cause (a) Respiratory insufficiency DUE TO — Interval Between Onset And Death: 3 mos.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) carcinoma, lung. DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. generalized arteriosclerosis

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 11, 1955, to Aug 27, 1955, that I last saw the deceased alive on Aug 27, 1955, and that death occurred at 10:10 AM, from the causes and on the date stated above.
SIGNATURE (Degree or title) James R Powell M.D. ADDRESS Lutherville, Md. DATE SIGNED Aug 27, 1955

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Aug 30 1955 NAME OF CEMETERY OR CREMATORY Loch Raven Baptist LOCATION (City, town, or county) Lutherville (State) Md.
DATE REC'D BY LOCAL REGISTRAR Aug 28, 1955 REGISTRAR'S SIGNATURE Mabel C. Gray
24. FUNERAL DIRECTOR John Burns Sons ADDRESS 6 York Road Towson 4

7451 07439

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Reisterstown
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 2 - Berrymans Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Reisterstown X
STREET ADDRESS (If rural, give location) Route 2 - Berrymans Lane

3. NAME OF DECEASED: (Type or Print) (First) Mina (Middle) M. (Last) Gibson

4. DATE OF DEATH (Month) (Day) (Year) August 25, 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Oct. 9, 1896

9. AGE Last birthday: 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Petersburg, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Itemer Edmiston

14. MOTHER'S MAIDEN NAME: Withstin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Herman C. Gibson - Reisterstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Coronary occlusion	30 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Angina pectoris	2 ½ yrs.
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDING OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY None

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY None M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? None

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE D. D. Caples M. D.

CHIEF MEDICAL EXAMINER ☒
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 8/25/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Aug. 28 1955

NAME OF CEMETERY OR CREMATORY Mooresville Cemetery

LOCATION (City, town, or county) (State) Huntingdon, Pa.

DATE REC'D BY LOCAL REG 8-25-55

REGISTRAR'S SIGNATURE Mary D. Eline

24. FUNERAL DIRECTOR ADDRESS J.F.Eline&Son's Reisterstown, Md.

07438

7452 **MARYLAND STATE DEPARTMENT OF HEALTH**

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 9102 Harford Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville
STREET ADDRESS (If rural, give location): 9102 Harford Rd.

3. NAME OF DECEASED (Type or Print): (First) ANNIE (Middle) E. (Last) GILLAND

4. DATE OF DEATH: (Month) August (Day) 11, (Year) 19 55

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed

8. DATE OF BIRTH: March 31, 1866

9. AGE last birthday: 89 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Balto. Co., Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Louis Stedtler

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mr. Herman Gilland, 9102 Harford Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
332 Immediate cause	(a) Arteriosclerotic Heart Disease	Indef
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebrovascular Thrombosis	3 years
	(c) Generalized Arteriosclerosis	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 19 54, to 11 Aug., 19 55 that I last saw the deceased alive on 10 Aug, 19 55, and that death occurred at 10 30 A m., from the causes and on the date stated above.

SIGNATURE: John B. Weddle — (Degree or title) M D — ADDRESS: Loch Raven Shopping Center, Balto 12 Md — DATE SIGNED: 11 Aug 55

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE THEREOF: 8/15/55 — NAME OF CEMETERY OR CREMATORY: Hiss Methodist Cemetery — LOCATION (City, town, or county) (State): Balto. Co., Md.

DATE RECD BY LOCAL REG. 8/17/55 — REGISTRAR'S SIGNATURE: C. M. Bacon

24. FUNERAL DIRECTOR: Loreto Funeral Home — ADDRESS: 7401 Belair Rd.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07440

CERTIFICATE OF DEATH

7453 Reg. Dist. No. 32

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pikesville
LENGTH OF STAY (in this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 103 Waldron Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN Pikesville
STREET ADDRESS (If rural give location) 103 waldron ave.

3. NAME OF DECEASED. (Type or Print) (First) Elmer (Middle) Jonas (Last) Gnagey

4. DATE OF DEATH: (Month) Aug (Day) 29th (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married

8. DATE OF BIRTH: 9 April 1884

9. AGE last birthday 71 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrical

10B. KIND OF BUSINESS OR INDUSTRY: Telegraph

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Jonas Gnagey

14. MOTHER'S MAIDEN NAME: Elizabeth Swanger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 082-01-0437

17. INFORMANT & ADDRESS: Mrs Elmer J. Gnagey 103 Waldron Pikesville 8 Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE (A) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 7 yrs

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 Nov, 1953 to 29 Aug, 1955, that I last saw the deceased alive on 12 July, 1955, and that death occurred at 9.30 A M, from the causes and on the date stated above.

SIGNATURE Paul N Rowe M.D ADDRESS Pikesville 8 Md DATE SIGNED 29 Aug 55.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Sept. 1, 1955

NAME OF CEMETERY OR CREMATORY Forest Lawn Cemetery

LOCATION (City, town, or county) Pikesville (State) Md

DATE REC'D BY LOCAL REGISTRAR 8-30-55

REGISTRAR'S SIGNATURE Dr Medical

24. FUNERAL DIRECTOR Frank H. Reavis ADDRESS Pikesville Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7451

CERTIFICATE OF DEATH

Reg. Dist. No. 07441

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): 52 Catonsville

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 40 Wayne Convalescent Home, 98 Smithwood Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY:

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore 3 V 21-4

STREET ADDRESS (If rural give location): 2600 Garrett Avenue ✓

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
MARGUERITE	A.	GOOD	August	3,	1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
female	white	Married	Dec. 11, 1897	57 yrs.		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
housewife	at home	Baltimore, Maryland	U. S. A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
James F. Holshouser	Helen Fisher

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
		William E. Good, 2600 Garrett Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive Cardio-Vascular Disease.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c) Hemiplegia Rt. old

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 5, 1954 to 3 Aug, 1955, that I last saw the deceased alive on 2 Aug, 1955, and that death occurred at 4:15 P.M. from the causes and on the date stated above.

SIGNATURE: H E McGrath M.D. (Degree or title) — ADDRESS: 1707 Edmondson Ave. Catonsville 28 Md — DATE SIGNED: 3 Aug 55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	8/6/55	Loudon Park Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: August 5 1955 — REGISTRAR'S SIGNATURE: M.D.

24. FUNERAL DIRECTOR: Wm. Cook Inc. — ADDRESS: 1217 St. Paul Street

VS. A15

7455

07442

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oella — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 105 Oella Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oella
STREET ADDRESS (If rural, give location): 105 Oella Ave.

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) GROFF (Last)

4. DATE OF DEATH: (Month) Aug. (Day) 4 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 6-15-1868

9. AGE last birthday: 87 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Woolen Mill

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-09-6169

17. INFORMANT AND ADDRESS: Guy Messick, Oella, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4:12.1

Immediate cause (a) Coronary Occlusion — Interval between onset and death: instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic Cardio-Vascular Disease — 4 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/4, 1950, to 12-4, 1954, that I last saw the deceased alive on 12-4, 1954, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE: George E. Bunford (Degree or title) — ADDRESS: R.5 Ellicott City Md. — DATE SIGNED: 8/5/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8-6-55 — NAME OF CEMETERY OR CREMATORY: Good Shepherd — LOCATION (City, town, or county) (State): Ellicott City, Md

DATE REC'D BY LOCAL REG. 8-5-55 — REGISTRAR'S SIGNATURE: V. E. Harry

24. FUNERAL DIRECTOR — ADDRESS: F.C. Higinbothom, Ellicott City, Md

MARYLAND STATE DEPARTMENT OF HEALTH

07443

7456

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON 53	LENGTH OF STAY (In this place) 7 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 416 HI..LEN ROAD 20	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON 5
	STREET ADDRESS (If rural, give location) 416 HILLEN ROAD

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
ALICE	SOPHIA	GROLOCK	AUG. 24, 1955 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
FEMALE	WHITE	SINGLE	SEPT. 2, 1894	60 yrs.		

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
SEC'Y.	PRINTING CO.	BALTIMORE MD.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
GUSTAV GROLOCK	AGUSTA M DISCHER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	212 07 4836	MISS CECILIA GROLOCK SAME.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary Thrombosis	2 hours
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug 24, 19 55, to Aug. 24, 19 55, that I last saw the deceased alive on Aug. 24, 19 55, and that death occurred at 4.30 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wm Schmidt	M.D.	701 N. Kenwood Ave.	

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	AUG. 27, 1955	PARKWOOD CEMETERY	BALTIMORE MARYLAND.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
8/26/55		HENRY SANDER & SONS INC. BALTIMORE MARYLAND. George Sander

MARYLAND STATE DEPARTMENT OF HEALTH

7457

2411 N. Charles Street, Baltimore

07444

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 4
LENGTH OF STAY (In this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 603 Coventry Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md.
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore - 4
STREET ADDRESS (If rural, give location): 603 Coventry Road

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) OTTO (Last) GRONERT

4. DATE OF DEATH: (Month) Aug. (Day) 22. (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: June. 20. 1885

9. AGE last birthday: 70 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Proprietor of restaurant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Otto Gronert

14. MOTHER'S MAIDEN NAME: Charlotte Holthause

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service):

16. SOCIAL SECURITY No.: 212-32-2170

17. INFORMANT AND ADDRESS: Mrs. Ida Elizabeth Gronert 603 Coventry Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1564 Immediate cause (a) Carcinoma of Liver — INTERVAL BETWEEN ONSET AND DEATH

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Hardened Ulcer

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 12, 19 55, to Aug 22, 19 55, that I last saw the deceased alive on Aug 22, 19 55, and that death occurred at 7 A. m., from the causes and on the date stated above.

SIGNATURE: [illegible] Koch (Degree or title) M.D. ADDRESS 1405 Cook Rd DATE SIGNED 8/22/55

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: Aug 24 1955
NAME OF CEMETERY OR CREMATORY: Druid Ridge Cemetery
LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG.:
REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: HENRY SANDER & SONS. INC.
ADDRESS: Baltimore Md.
Henry F. Sander

50-55

7455

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07445

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: Baltimore
COUNTY CATONSVILLE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52
LENGTH OF STAY (in this place) 12 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRING GROVE STATE HOSP. 14

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY A. x ARUNDEL
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PASADENA
STREET ADDRESS (If rural give location) Box 4 MOUNTAIN RD.

3. NAME OF DECEASED. (Type or Print) (First) LOUIS (Middle) (Last) HAHN

4. DATE OF DEATH: (Month) 8 (Day) 22 (Year) 1955

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED | 8. DATE OF BIRTH: APRIL 19, 1896 | 9. AGE last birthday: 59 yrs. | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AUTOMOBILE MECHANIC
10B. KIND OF BUSINESS OR INDUSTRY: Coast Guard Yard
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DECEASED Frederick Hahn
14. MOTHER'S MAIDEN NAME: DECEASED DuVall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) NOT KNOWN
16. SOCIAL SECURITY NO. UNKNOWN
17. INFORMANT & ADDRESS: ELIZABETH HAHN Box 4 MOUNTAIN RD. PASADENA MD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 420.1	(A) CARDIAC FAILURE	8/18/55
ANTECEDENT CAUSE (B): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) CORONARY DISEASE	8/22/55
	DUE TO (C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-10-55, to 8-22-55, that I last saw the deceased alive on 8-21-55, and that death occurred at 9.45 P.M., from the causes and on the date stated above.

SIGNATURE S. Wachter M.D. ADDRESS Spring Grove State Hosp. DATE SIGNED 8-22-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	August 26	Cedar Hill	Baltimore 25, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
August 24 1955	Doctor E. Harris	Hopping and Kirkley,	Glen Burnie, Md.

7459

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07446 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 2 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Owings Mills
STREET ADDRESS (If rural, give location) Bonita Avenue

3. NAME OF DECEASED: (First) Edith (Middle) E. (Last) HARRIS
4. DATE OF DEATH (Month) August (Day) 26, (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Widowed	Aug. 14, 1875	80 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland	U.S.

13. FATHER'S NAME: Calvin Harris
14. MOTHER'S MAIDEN NAME: Lou Cinty Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No None	none	Records-SpringGroveStateHospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Acute cardiac failure	terminal
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Arteriosclerotic cardiovascular disease	years
	DUE TO (c)	Generalized arteriosclerosis	years

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Mental illness

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Leo Jos. Kieffer M. D. 1010 deaths are

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED Aug. 27 55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town or county) (State)
Burial	Aug 30, 1955	Wesley Chapel	Hampstead Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/29/55	V. E. Murray	Wm. Buzzy Mack & Sons	Reisterstown, Md

VS. A15A - 5 - 53

07447

7460

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3 C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS House in the Pines and Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1160 Carroll St.,

3. NAME OF DECEASED (Type or Print): (First) Ballard (Middle) M. (Last) Hart

4. DATE OF DEATH: (Month) Aug. (Day) 28, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Dec. 25, 1866

9. AGE last birthday: 88 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework at Home

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jobe Hart

14. MOTHER'S MAIDEN NAME: Louise Earhart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: 221 Sycamore Rd. Mrs. Etta Catterton Linthicum Hghts.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral vascular accident (Probable hemorrhage) — Interval between onset and death: 21 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hypertensive arteriosclerotic cardio-vascular disease
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 13, 1945, to Aug. 28, 1955, that I last saw the deceased alive on Aug. 28, 1955, and that death occurred at 5:30 P. M., from the causes and on the date stated above.

SIGNATURE: Leon A. Knapp MD (Degree or title) — ADDRESS: 4116 Edmondson Avenue — DATE SIGNED: Aug. 29, 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 8-31-1955 | NAME OF CEMETERY OR CREMATORY: Loudon Park | LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 8-29-55 | REGISTRAR'S SIGNATURE: [illegible] Asst. Registrar

24. FUNERAL DIRECTOR: G. Howard Strong — ADDRESS: 3207 W. North Ave.

7461

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07448

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County Baltimore City

City or town Baltimore 14 Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? .....

Hospital, Institution, or street address where death occurred:

On .....

How long in hospital or institution? .....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Balto

City or town Baltimore 14 X

(If outside city or town limits, write RURAL and give nearest town)

Street No. 2509 Taylor Ave /

(If rural, give LOCATION)

2.(a) If veteran, name war .....

3.(a) FULL NAME Chester Arthur Harter Sr.

3.(b) Social Security Number 717-07-7470

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Margaret

6.(c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) Feb. 9 - 1893

8. AGE:

Years	Months	Days	If less than one day
62	6	4	..... hrs. ..... min.

9. Birthplace Edgemont, Maryland (Town, county, and state)

10. Usual occupation Ticket Clerk

11. Industry or business Railroad

FATHER

12. Name George W. Harter

13. Birthplace ?

MOTHER

14. Maiden name Mary Catherine Barns

15. Birthplace ?

16. Informant Chester Arthur Harter Jr.

Address 2509 Taylor Ave

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 16 1955 (month) (day) (year)

Cemetery or crematory Morgan M.E.

Location Pleasant Hill, Balto Co. Md.

18. Funeral director Joseph Farace Inc.

Address 712-14 E. North Ave

19. 8-15-55 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 13 1955 at 7.15P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from April 38 1945 to August 13 1955

and that I last saw h.. alive on August 13 1955

Immediate cause of death	DURATION
Chronic pulmonary Emphysema	3 Yr.
Coronary insufficiency	3 yr.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results not done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Joseph Farace M.D. M. D. or other

Address 6217 Harford Rd Date signed 8/15/55

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

7462 CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Notch Cliff near Towson; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD; COUNTY BALTO.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NOTCH CLIFF NR Towson; STREET ADDRESS (If rural, give location) GLEN ARM RD.

3. NAME OF DECEASED (Type or Print): (First) Sr. Mary Stanislava (Middle) (Last) Hodek

4. DATE OF DEATH: (Month) Aug (Day) 6 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: April 24 1878

9. AGE last birthday: 77 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher

10b. KIND OF BUSINESS OR INDUSTRY: Religious

11. BIRTHPLACE (State or foreign country): Bukova Czecho Slovakia

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Wenceslaus Hodek

14. MOTHER'S MAIDEN NAME: Barbara Boucek

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: SR. M. CLARA SAME.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Infarction — Interval Between Onset and Death: Sudden

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerotic Cardio vascular disease — 5 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 21, 1953, to Aug 6, 1955, that I last saw the deceased alive on July 26, 1955, and that death occurred at 6.00 A m., from the causes and on the date stated above.

SIGNATURE Charles F. O'Donnell (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE THEREOF 8-9-55 | NAME OF CEMETERY OR CREMATORY VILLA MARIA CEM | LOCATION (City, town, or county) NOTCH CLIFF NR Towson (State)

DATE REC'D BY LOCAL REG. 8-9-55 | REGISTRAR'S SIGNATURE D. E. Wedderburn R.F. | 24. FUNERAL DIRECTOR Charles L. Zeile | ADDRESS 901 S. CONKLING ST BALTO. 24, MD.

7463

07450 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Balto #6 | LENGTH OF STAY (In this place) 10yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS 4231 Thorncliffe Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Raspberg X

STREET ADDRESS (If rural, give location) 4231 Thorncliff Rd, Balto 6, Md

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Elwood (Last) Hoeflich

4. DATE OF DEATH (Month) Aug (Day) 11 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Feby 9/1954	4 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Fireman,	Balto News. Paper	Baltimore	

13. FATHER'S NAME: Phillip Jr Hoeflich

14. MOTHER'S MAIDEN NAME: Irene Catherine Stahle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If Yes, give war or dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
War II 1942-1945	212-03-3114	Phillip Jr Hoeflich (Father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Gunshot wound rt temple — Interval between onset and death: Immed.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Fra. skull egres left temple

DUE TO (c) 32 (automatic Garage)

776X

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH .....

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town)	(County)	(State)
		Balto #6	Balto.	Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☑	21f. HOW DID INJURY OCCUR?
Aug 11 55, 7 P.M.		Gunshot wound rt forehead.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☑, Homicide ☐, Undetermined cause ☐.

SIGNATURE H. M. Carmine M. D. ~~CHIEF MEDICAL EXAMINER~~ DEPUTY MEDICAL EXAMINER ~~ASSISTANT MEDICAL EXAM.~~ DATE SIGNED 8/15/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/15/55	Parkwood Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-16-55	[illegible]	L. J. Ruck, Inc.	5305 Harford Rd, Balto Md

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7454 07451

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH
COUNTY: BALTIMORE — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X FORT HOWARD
LENGTH OF STAY (in this place): 9 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 50 VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): BALTIMORE (14) X
STREET ADDRESS (If rural give location): 3106 DUBOIS AVENUE 1

3. NAME OF DECEASED: (Type or Print) JOHN (First) G. (Middle) HOLLAND (Last)

4. DATE OF DEATH: (Month) AUGUST (Day) 10 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): SINGLE

8. DATE OF BIRTH: 4-27-97

9. AGE last birthday: 58 yrs — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DIE SETTER

10B. KIND OF BUSINESS OR INDUSTRY: PARKER METAL DEC.CO.

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE HOLLAND

14. MOTHER'S MAIDEN NAME: GRACE HALL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): YES — (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 215-07-0136

17. INFORMANT & ADDRESS: CLIN.REC.VET.ADM.HOSP.,FT.HOWARD,MARYLAND

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

293X

IMMEDIATE CAUSE (A): SEVERE ANEMIA — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. LOBULAR PNEUMONIA — UNKNOWN
CORONARY THROMBOSIS, RIGHT — UNKNOWN

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from AUG. 1, 1955 to AUG. 10, 1955, [redacted], and that death occurred at 5:30A.M. from the causes and on the date stated above.

SIGNATURE: WILLIAM B. VANDEGRIFT, M.D. — ADDRESS: M.D. VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 8-11-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL — DATE THEREOF: Aug. 15, 1955 — NAME OF CEMETERY OR CREMATORY: BALTIMORE NATIONAL CEM. — LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR: 8/12/55 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR — ADDRESS: WM.COOK-BLIGHT, INC. 6009 HARFORD ROAD, BALTIMORE 14, MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07452

7465 CERTIFICATE OF DEATH Reg. Dist. No. 37

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Cockeysville Md
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS (If not in hospital or institution, give street address or location) Md. Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Md 3-40-Sy
STREET ADDRESS (If rural give location) 131 N. Washington St Easton

3. NAME OF DECEASED: (Type or Print) (First) Melusina (Middle) Trifke (Last) Holliday

4. DATE OF DEATH: (Month) Aug. (Day) 31 (Year) 1955

5. SEX: Female 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widow 8. DATE OF BIRTH: Mar. 9 1871 9. AGE last birthday 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 10B. KIND OF BUSINESS OR INDUSTRY: Own home 11. BIRTHPLACE (State or foreign country): Talbot Co 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward Trifke 14. MOTHER'S MAIDEN NAME: Melusina Schwarze

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 16. (If Yes, give war or dates of service) 19. SOCIAL SECURITY NO. None 17. INFORMANT & ADDRESS: Sara M. Hodgson

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

460.1

IMMEDIATE CAUSE (A) Arteriosclerosis Cardio — over 2 yrs.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Vascular Disease DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic Bronchitis — over 2 yrs

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1953 to Aug 30 1955 that I last saw the deceased alive on Aug 30, 1955 and that death occurred at 12:25 M, from the causes and on the date stated above.
SIGNATURE Calvin T. Cook M. D. ADDRESS Cockeysville Md DATE SIGNED 8/31/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF 9/2/55 NAME OF CEMETERY OR CREMATORY Easton Cemetery LOCATION (City, town, or county) (State) Easton Md

DATE REC'D BY LOCAL REGISTRAR Sept. 2, 1955 REGISTRAR'S SIGNATURE K. M. Schnauer 24. FUNERAL DIRECTOR Wm. Cook, St Paul & Dover St ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

7466

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07453 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (In this place) 3 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 404 Carolina Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 1652 Hardwick Rd.

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) V (Last) HOOPER JR.

4. DATE OF DEATH (Month) Aug. (Day) 4, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 1 1927

9. AGE Last birthday: 28 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): I.B.M. Opt

10b. KIND OF BUSINESS OR INDUSTRY: Bendix Corp.

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas V. Hooper Sr

14. MOTHER'S MAIDEN NAME: Eleanor M. Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) World War 2

16. SOCIAL SECURITY NO.: 216-28-4305

17. INFORMANT & ADDRESS: Margaret M Hooper 1652 Hardwick Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

Immediate cause (a) ..... Acute bulbar poliomyelitis

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) .....

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. **21b. PLACE** (Home, farm, factory, OF street, office bldg., etc., INJURY **21c.** (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. **21e. INJURY OCCURRED** While at work ☐ Not while at work ☐ **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D. CHIEF MEDICAL EXAMINER ☒ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 8/5/55

23. BURIAL, CREMATION, REMOVAL, (Specify): Burial | **DATE THEREOF** Aug 8 1955 | **NAME OF CEMETERY OR CREMATORY** Holy Redeemer Cemetery | **LOCATION** (City, town, or county) 4430 Belair Road (State) Md

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | **24. FUNERAL DIRECTOR** Dippel Brothers **ADDRESS** 7110 Belair Road

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07454

7467 CERTIFICATE OF DEATH

Reg. Dist. No.

1. NAME OF DECEASED (Type or Print): CLARA C. HOOPES

2. DATE OF DEATH: AUGUST 28, 1955

3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore County

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): X 72 Murdock Road

c. Length of stay in Baltimore: Yrs. 05 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission): A. STATE Maryland B. COUNTY Baltimore

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 12 X

D. STREET ADDRESS (If rural, give location): 72 Murdock Road /

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Widowed	Feb. 23, 1885	70		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk	Baltimore City	Baltimore, Maryland	U.S.A.

13. FATHER'S NAME: Adolph Haesoop

14. MOTHER'S MAIDEN NAME: Sophie Schilthiem

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT ADDRESS: Mr. Eugene F. Hoopes, 3rd, 72 Murdock Road

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial infarct, acute — INTERVAL BETWEEN ONSET AND DEATH: several hours

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Coronary thrombosis

DUE TO

(C) generalized arteriosclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	19A. DATE OF OPERATION	19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20. AUTOPSY?
			YES ☐ NO ☐

21D TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I certify that (I) (this hospital) attended the deceased from August 17 1955 to August 28 1955, and that (I) (we) last saw the deceased alive on August 26 1955, and that death occurred at 12:50 m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
James R. Bowden M.D	Lutherville, Md.	8/28/55

ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS ☐

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	Aug. 31, 1955	Lorraine Park Cemetery	Woodlawn, Maryland

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
8-29-55	[signature]	Wm. J. Tickner & Sons Balto. Md.

THIS IS A PERMANENT RECORD.
PLEASE TYPE, OR WITH PERMANENT BLACK OR BLUE-BLACK INK—DO NOT USE A BALL POINT PEN.
Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.
THIS CERTIFICATE MUST BE FILED WITH THE BUREAU OF VITAL RECORDS WITHIN THREE (3) DAYS AFTER DEATH.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7468 CERTIFICATE OF DEATH

Reg. Dist. No. 31

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockdale
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3304 Rolling Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockdale
STREET ADDRESS (If rural give location) 3304 Rolling Road (7)

3. NAME OF DECEASED: (First) James (Middle) (Last) HORNE
4. DATE OF DEATH: (Month) 8 (Day) 2 (Year) 1955
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: October 25, 1888
9. AGE last birthday: 66 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shopman
10B. KIND OF BUSINESS OR INDUSTRY: Transit Com.
11. BIRTHPLACE (State or foreign country): Scotland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Horne
14. MOTHER'S MAIDEN NAME: Agnes Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. Annie A. Horne, 3304 Rolling Road (7)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: ONE WEEK

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/23, 1951, to 8/2, 1955, that I last saw the deceased alive on 8/2, 1955 and that death occurred at 10:15 P.M., from the causes and on the date stated above.
SIGNATURE Edwin G Pinkard, M.D. ADDRESS 8204 Liberty Rd Balto Md DATE SIGNED 8/2/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF August 6, 1955
NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery
LOCATION (City, town, or county) (State) Randallstown, Maryland

DATE REC'D BY LOCAL REGISTRAR 8-3-55
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Wm J. Tickner & Sons ADDRESS Baltimore 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7455

7469 CERTIFICATE OF DEATH Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 90 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural give location) 2904 W. MOSHER STREET

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) H. (Last) HOUSTON

4. DATE OF DEATH: (Month) AUGUST (Day) 16 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: 7/4/19

9. AGE last birthday: 36 yrs IF UNDER 1 YEAR Months IF UNDER 24 HRS. Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INTERIOR DECORATOR

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): ATLANTA, GEORGIA

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: W. L. HOUSTON

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO 254-42-3412

17. INFORMANT & ADDRESS: CLIN.REC.VET.ADM.HOSP.,FT.HOWARD,MARYLAND

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

465X

IMMEDIATE CAUSE (A) PULMONARY HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH: 10 MIN.

ANTECEDENT CAUSE (S): DUE TO (B) THROMBOPHLEBITIS, MULTIPLE, PULMONARY AND JUGULAR VEINS — 3 MO.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) UNKNOWN CAUSE

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. SICKLE CELL TRAIT MALNUTRITION — UNKNOWN 3 MO.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from MAY 18, 1955, to AUG. 16, 1955. [illegible] and that death occurred at 9:15 AM, from the causes and on the date stated above.

SIGNATURE F. G. DICKEY, M.D., Chief, Medical Service M. D. — ADDRESS VAH, FORT HOWARD, MARYLAND — DATE SIGNED 8-17-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF 8/19/55 — NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL — LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR CHARLES R. LAW MORTUARY — ADDRESS 802-04 MADISON AVE. BALTIMORE 1, MARYLAND

7470

07456

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 36

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 2yr5mo25days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Mitchellsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) Dale (Middle) (Last) Jackson
4. DATE OF DEATH (Month) August (Day) 18, (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Single	5-[illegible]-1907	48 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) No Occupation
10b. KIND OF BUSINESS OR INDUSTRY: ------
11. BIRTHPLACE (State or foreign country): Kentucky
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Jackson
14. MOTHER'S MAIDEN NAME: Mary Jackson Swafford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No None
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

Immediate cause (a) Congestive heart failure
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Inanition
DUE TO
(c) Post-Encephalitic Parkinsonism

083.0

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY 21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Geo. L. McKeffer M. D. 1010 Leader Ave
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 8-19-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/21/55	Mt. Oak Cemetery	Mitchellville, Md.

DATE REC'D BY LOCAL REG. 8/23/55 REGISTRAR'S SIGNATURE T. E. Harris
24. FUNERAL DIRECTOR ADDRESS Ritchie Bros. Upper Marlboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

5 30 PM

Ms Herrera

MARYLAND STATE DEPARTMENT OF HEALTH

7471

2411 N. Charles Street, Baltimore

07457

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 52
HOSPITAL OR INSTITUTION OR STREET ADDRESS House of the Pines Nursing Home 90

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore — 3 Yrs 1-4
STREET ADDRESS (If rural, give location) 1918 Letitia Ave. √

3. NAME OF DECEASED (Type or Print): (First) Mamie (Middle) Jane (Last) Jewett
4. DATE OF DEATH: (Month) Aug. (Day) 26 (Year) 1955
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Jan 9, 1867
9. AGE: At birthday 88 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Paper Box
10b. KIND OF BUSINESS OR INDUSTRY: Legitt-Meyers
11. BIRTHPLACE (State or foreign country): Manchester - Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Jewett
14. MOTHER'S MAIDEN NAME: Margaret Ann Baird
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Ruth Starry - 1517 Parkgrove Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154X Immediate cause (a) Carcinoma of Rectum — Interval Between Onset and Death: 2 1/2 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 2, 1949, to Aug 26, 1955, that I last saw the deceased alive on Aug 23, 1955, and that death occurred at 7:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
C. Nelson Rawley Jr. — 2436 Washington Blvd. Balto 30, Md. — 8/26/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Aug 30, 1955 | NAME OF CEMETERY OR CREMATORY: Maury Cemetery | LOCATION (City, town, or county) (State): Richmond - Va.

DATE REC'D BY LOCAL REG. 8/26/55 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR — ADDRESS: John C. Miller Inc. - 2431 E. Olive St

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07458

7472

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH

COUNTY ..... MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Owings Mills Md.

LENGTH OF STAY (in this place): 2yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Featherbed Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY (C.)

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Owings Mills Md. X

STREET ADDRESS (If rural, give location): Featherbed Lane

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
John		Johnson	Aug. 20, 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	Colored	Widowed	3/24/1889	66 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Handyman	Odd Jobes	Cuba Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William Johnson	Mary Foote

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		Mrs. Louise Gee-Featherbed Lane

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
153X Immediate cause	(a) BRONCHIAL PNEUMONIA	24 HRS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) CARCINOMA CAECUM	4-6 MOS.
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: THROMBOS LEFT LEG REQUIRING AMPUTATION

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
MAY 1955	CARCINOMA CAECUM	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from AUG. 8, 1955, to AUG. 20 1955, that I last saw the deceased alive on AUG. 19, 1955, and that death occurred at 8:20 P.M., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Martin E. Strobel	M.D.	Reisterstown Md.	8/22/55

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/24/55	Mt. Auburn Cemetery	Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/24/55	[signature]	Holland Funeral Home.	1631 Druid Hill Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07459

7473

CERTIFICATE OF DEATH

Reg. Dist. No. 35

Item 14, Filed 8-31-55 et

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Parkton Freeland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Beckleyville Road near Middletown Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton Freeland X
STREET ADDRESS Beckleyville Road (or rural location) near Middletown Road

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) O. (Last) JORGENSEN

4. DATE OF DEATH: (Month) Aug. (Day) 17 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 29, 1913

9. AGE last birthday: 42 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Experimental Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Transformer Mfg. Co.

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mark H. Jorgensen

14. MOTHER'S MAIDEN NAME: Christence Jorgensen

15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) None

16. SOCIAL SECURITY No.: 328-09-8040

17. INFORMANT & ADDRESS: Mrs. C. O. Jorgensen, Parkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: 2 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 17, 19 55, to Aug. 17, 19 55, that I last saw the deceased alive on Aug. 17, 19 55, and that death occurred at 6 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. M. Francis M.D. ADDRESS Parkton Md DATE SIGNED 8/17/55

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF June 18, 1955
NAME OF CEMETERY OR CREMATORY Carmondy Funeral Home
LOCATION (City, town, or county) (State) Bloomington, Ill.

DATE REC'D BY LOCAL REGISTRAR Aug. 22, 1955
REGISTRAR'S SIGNATURE Mrs. Howard Markline
24. FUNERAL DIRECTOR John Burns' Sons, Towson, Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07460

7474

CERTIFICATE OF DEATH

Reg. Dist. No. . . .

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 101 Forest Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
STREET ADDRESS (If rural give location) 101 Forest Drive

3. NAME OF DECEASED: (Type or Print) (First) Bessie (Middle) Jane (Last) Joynes

4. DATE OF DEATH: (Month) August (Day) 4, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: January 10, 1877

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Fenimore

14. MOTHER'S MAIDEN NAME: Catherine Wood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS. Mrs. Rhea L. Thomas, 101 Forest Drive (28)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

IMMEDIATE CAUSE (A) Arteriosclerotic Hypertensive Cardiovascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 3-4 yrs

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1952, 19..., to aug. 4, 1955, that I last saw the deceased alive on August 3, 1955, and that death occurred at 3.45 P.M., from the causes and on the date stated above.

SIGNATURE John A Tucker Jr. M. D. ADDRESS 1115 St Paul St., Balt. 2, Md. DATE SIGNED 8-5-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: August 6, 1955

NAME OF CEMETERY OR CREMATORY: Oaklawn Cemetery

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: August 6. 1955

REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR: Wm J. Tickner & Sons ADDRESS: Balto. 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

07461

7475

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Balto; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River; LENGTH OF STAY (In this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt 16-Box 681. Balto 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River; STREET ADDRESS (If rural, give location) Rt 16 Box 681 Balto 20 Md

3. NAME OF DECEASED (Type or Print): (First) ANNA (Middle) J (Last) Kahl

4. DATE OF DEATH: (Month) Aug (Day) 20 (Year) 19[illegible]5

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 17-1915

9. AGE last birthday: 40 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Balto Co Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Michael Heblik

14. MOTHER'S MAIDEN NAME: Agatha Nevrla

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mr James J. Kahl. Rt 16-Box 681. Md Balto 20

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

193X

Immediate cause (a) Glioblastoma Multiforme

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rt. frontal lobe of brain

(c)

INTERVAL BETWEEN ONSET AND DEATH: 4 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: April 1955

19b. MAJOR FINDINGS OF OPERATION: Same as "a" above

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from D.O.A., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 11 15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A. Andrew Rocco, Md Route 16 Box 17 - Balto 20, Md

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 8/24/55

NAME OF CEMETERY OR CREMATORY: Belair Memorial Gardens

LOCATION (City, town, or county) (State): Harford Co Md

DATE REC'D BY LOCAL REG. 8-26-5

REGISTRAR'S SIGNATURE: Enid Hurley

24. FUNERAL DIRECTOR ADDRESS: Fraschure Funeral Home 7401 Belair Rd

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7478 **CERTIFICATE OF DEATH** Reg. Dist. No. 07462

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) X RURAL HAYWOOD HEIGHTS
LENGTH OF STAY (in this place) 77 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS (DO) 3418 FLANNERY LANE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - HAYWOOD HEIGHTS
STREET ADDRESS (If rural give location) 3418 FLANNERY LANE

3. NAME OF DECEASED: (Type or Print) (First) DENNIS (Middle) - (Last) KANE

4. DATE OF DEATH: (Month) 8 (Day) 4 (Year) 19 55

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 10/29/1877

9. AGE last birthday: 77 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CONTRACTOR EX PAINTING CONTRACTOR

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN KANE

14. MOTHER'S MAIDEN NAME: KATHERINE RAY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 212-20-6743

17. INFORMANT & ADDRESS: MATILDA IDA KANE - WIFE

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 44 X
(A) UREMIA — INTERVAL BETWEEN ONSET AND DEATH: 2 WEEKS

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO
(B) HYPERTENSIVE CARDIO VASCULAR RENAL DISEASE — 15 YEARS.
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from NOV 12, 1957, to AUGUST 4, 1955, that I last saw the deceased alive on AUGUST 3, 1955, and that death occurred at 5:00 P.M, from the causes and on the date stated above.
SIGNATURE Fedor Y Burpee M.D. ADDRESS 2204 LIBERTY RD BALTO 7 MD DATE SIGNED 8/4/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Aug 8th 1955
NAME OF CEMETERY OR CREMATORY Woodlawn
LOCATION (City, town, or county) (State) Woodlawn Balto Co. Md

DATE REC'D BY LOCAL REGISTRAR Aug 5, 1955
REGISTRAR'S SIGNATURE H. C. Hedrick
FUNERAL DIRECTOR Gillis Lawrence
ADDRESS 4510 Liberty Heights Ave

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

07463

7477

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. KJ

MARGIN RESERVED FOR BINDING

PLEASE WHITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

X

1. PLACE OF DEATH: COUNTY Balto. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Balto City — LENGTH OF STAY (In this place) 2 mos. — HOSPITAL OR INSTITUTION OR STREET ADDRESS 29 Harrison Ave. 90

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto. City — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto., md. — STREET ADDRESS (If rural give location) 28 S. Ellwood St. Balto., md

3. NAME OF DECEASED (Type or Print): (First) MYRTLE (Middle) KARL (Last) [illegible]

4. DATE OF DEATH: (Month) AUG. (Day) 28 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: SEPT. 10, 1884

9. AGE last birthday: 70 yrs. — If under 1 year: Months [illegible] Days 18 — If under 24 hrs.: Hours [illegible] Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Balto., md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN DURM

14. MOTHER'S MAIDEN NAME: ~~Myrtle Durm~~ Katherine Carson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. [redacted]

17. INFORMANT: Son. LEROY Karl

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X Immediate cause (a) Cerebrovascular Accident — Interval between onset and death: 12 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive Cardiovascular dis- — several yrs.

(c) Diabetes — several yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis. — several yrs.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 4, 1955, to 8/28, 1955, that I last saw the deceased alive on 8/28, 1955, and that death occurred at 12:45 P. m., from the causes and on the date stated above.

SIGNATURE J. Rodd, (Degree or title) md — ADDRESS 434 Eastern Ave. Easy. Md — DATE SIGNED 8/28/55

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF Aug 31, 1955 — NAME OF CEMETERY OR CREMATORY Parkwood Cemetery — LOCATION (City, town, or county) Baltimore, (State) Maryland

DATE REC'D BY LOCAL REG. 8-29-55 — REGISTRAR'S SIGNATURE [illegible] — 24. FUNERAL DIRECTOR John A. Moran, per Edwin M. Sterling — ADDRESS 3000 E. Balto. St.

VS. A15

7478

07464

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY BALTO MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL / Seneca
LENGTH OF STAY (in this place) 15 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN BALTO. 3 Yrs 1 - 4
STREET ADDRESS (If rural, give location) 1104 S. KENWOOD AVE.

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH (Month) (Day) (Year)	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
JOSEPH J. KARWACKI	AUG 20 1955	MALE	WHITE	DIVORCED	FEB. 28/1924	31 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
PLASTERER		BALTO. MD	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
MICHAEL KARWACKI	ANNA B. PANOWICZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
YES W. WAR-2	216-18-3476	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) DROWNING DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Private Club	21c. (City or town) Seneca (County) Balto Co (State) Md.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8 - 20 55 5½ P.M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☑	21f. HOW DID INJURY OCCUR? Attempted to swim across Cooper's bird

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE W. D. Davis M.D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☑ ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED 8/21/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	AUG 24/55	ST. STANISLAUS CEM	DUNDALK AVE

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/24/55		Marie Fialkowski	100 S. Kenwood Ave Balto. 24 Md.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7479 **CERTIFICATE OF DEATH** Reg. Dist. No. 07465

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY BALTIMORE — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) OR TOWN: X MIDDLE RIVER

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: OR BOX 481 BALTO 20

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MD. COUNTY BALTO.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL X

STREET ADDRESS (If rural, give location): BOX 481 BALTO. 20 - MD.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
ANNA	C.	KELLNER	AUG. 10 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
FEMALE	WHITE	MARRIED	NOV. 20-1895.	59 yrs.	8	21		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
housewife		BALTO. CO.	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
FRANK DORN	UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		John Kellner (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	592X	(a) UREMIA	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO	(b) CHRONIC GLOMERULAR NEPHRITIS	8 years
	DUE TO	(c) Hypertension	10 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1945, to Aug 10, 1955, that I last saw the deceased alive on Aug 10, 1955, and that death occurred at 11:23 P. m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Morris A. Jacobs	MD	1010 North Point Rd	8/11/55

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug 13-55	Oak Lawn	Eastern Blvd, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 12-56	A. W. Riedlacker R.S.	John G. Connelly	Essex

07466

MARYLAND STATE DEPARTMENT OF HEALTH

7480

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 52 Catonsville
LENGTH OF STAY (In this place): 24 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00 1011 Frederick Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural give location): 1011 Frederick Road

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) HERMAN (Last) KERGER

4. DATE OF DEATH: (Month) August (Day) 18, (Year) 1955.

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: March 9, 1883.

9. AGE last birthday: 72 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Garage Owner

10b. KIND OF BUSINESS OR INDUSTRY: Auto Sales

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Stephen M. Kerger

14. MOTHER'S MAIDEN NAME: Elizabeth Kramer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Mary E. Kerger, 1011 Frederick Road Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Acute & Chronic Congestive Heart Failure — Interval between onset and death:

422 1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Degenerative Heart Disease.

(c): Atherosclerosis.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 53, 19..., to 8/18/55, 19..., that I last saw the deceased alive on 8/17/55, 19..., and that death occurred at 11:15A m., from the causes and on the date stated above.

SIGNATURE: H E Hirschi Grabl M.D. (Degree or title) ADDRESS: 1707 Edmondson Ave Catonsville 28 Md DATE SIGNED: 8/18/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Aug. 22, 1955.
NAME OF CEMETERY OR CREMATORY: St. Mary's Cemetery
LOCATION (City, town, or county) (State): Ilchester, Maryland.

DATE REC'D BY LOCAL REG. 8/21/55
REGISTRAR'S SIGNATURE: W. E. Harry
24. FUNERAL DIRECTOR: Easton Long, ADDRESS: Catonsville 28, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07467

7431 CERTIFICATE OF DEATH Reg. Dist. No.

1 PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 105 DAYS
HOSPITAL OR INSTITUTION OR STREET ADD. VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE (DUNDALK)
STREET ADDRESS (If rural give location) 3451 YARDLEY DRIVE

3. NAME OF DECEASED: (Type or Print) (First) MELVIN (Middle) L. (Last) KING

4. DATE OF DEATH: (Month) AUGUST (Day) 26, (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED

8. DATE OF BIRTH: 1/23/22

9. AGE last birthday: 33 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST

10B. KIND OF BUSINESS OR INDUSTRY: ESSKAY PACKERS

11. BIRTHPLACE (State or foreign country): WILSON COUNTY, VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HARNEY KING

14. MOTHER'S MAIDEN NAME: CORA MN: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) PEACE TIME

16. SOCIAL SECURITY NO. 236-26-0987

17. INFORMANT & ADDRESS. CLIN.REC.,VET.ADM.HOSP.,FT.HOWARD,MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
526 IMMEDIATE CAUSE (A)	PURULENT BRONCHIECTASIS, BILATERAL, ALL LOBES	7 YRS.
ANTECEDENT CAUSE (B)	PULMONARY EMPHYSEMA	7 YRS.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	ATELECTASIS, LOWER LOBES	UNKNOWN

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. KINKED URETER WITH HYDROPELVIS, RIGHT — UNKNOWN

19A. DATE OF OPERATION: 6-6-55, 8-11-55

19B. MAJOR FINDINGS OF OPERATION: Resection, cysts of left lung; Resection, cysts of right lung

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from MAY 13, 55, to AUG. 26, 55, [illegible] and that death occurred at 2:10A.M. from the causes and on the date stated above.

SIGNATURE Irving Freeman
IRVING FREEMAN, M.D.
ADDRESS M. D. VAH, FORT HOWARD, MARYLAND
DATE SIGNED 8-26-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF 8-29-55
NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL CEMETERY
LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 8-29-55
REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR AND ADDRESS ULLRICH FUNERAL HOME, 2112 DUNDALK AVE. DUNDALK 22, MARYLAND (BALTIMORE)

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

7482

MARYLAND STATE DEPARTMENT OF HEALTH

07468

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH: COUNTY Balto; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baldwin; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Carroll Manor Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baldwin; STREET ADDRESS (If rural, give location) Carroll Manor Rd

3. NAME OF DECEASED (Type or Print): (First) Ida; (Middle) O; (Last) Klass

4. DATE OF DEATH: (Month) Aug; (Day) 16; (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Dec 31-1873

9. AGE last birthday: 81 yrs. If under 1 year: Months; If under 24 hrs.: Days; Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House

10b. KIND OF BUSINESS OR INDUSTRY: Own. Home

11. BIRTHPLACE (State or foreign country): Balto Co Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: — Ziegenhein

14. MOTHER'S MAIDEN NAME: Elizabeth Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: Mr Walter Klass 8808 Old Harford Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 10 Hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis — 7 yrs

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1955, to Aug 16, 1955, that I last saw the deceased alive on Aug 16, 1955, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

SIGNATURE AND (Degree or title) Walter M Hammett ADDRESS Baldwin DATE SIGNED Aug 17-55

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE THEREOF 8/19/55; NAME OF CEMETERY OR CREMATORY Parkwood Cem; LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. —

REGISTRAR'S SIGNATURE Walter M Hammett

24. FUNERAL DIRECTOR AND ADDRESS Lasselin Funeral Home 7401 Belair Rd

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07469

7483 CERTIFICATE OF DEATH Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville; LENGTH OF STAY (In this place) 2 mo. 25 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore; STREET ADDRESS (If rural give location) 17 Maryland Avenue

3. NAME OF DECEASED: (First) Beatrice (Middle) (Last) Knott

4. DATE OF DEATH: (Month) August (Day) 3, (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	4-13-1913	42 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Indiana

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Louis McNabney

14. MOTHER'S MAIDEN NAME: Pearl Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

1718 IMMEDIATE CAUSE (A) Carcinoma of cervix uteri with metastases

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-9- , 1955, to 8-3-55, 19 , that I last saw the deceased alive on 8-3- , 1955., and that death occurred at 10:30 AM, from the causes and on the date stated above.

SIGNATURE G. Wachter M. D. ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 8-3-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug 8/55	Oak Lawn Cem	Balto Co

DATE REC'D BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS Ulman Funeral Home 2112 Dundalk Ave

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07470

7398 CERTIFICATE OF DEATH

Reg. Dist. No. ....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7400 German Hill Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk
STREET ADDRESS (If rural give location): 7400 German Hill Road

3. NAME OF DECEASED: (First) CHRISTINA (Middle) (Last) KOCH
4. DATE OF DEATH: (Month) August (Day) 19 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Married	Nov. 10, 1897	57 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At home		Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Vogel	Caroline Rettman

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No.		--	Herman Koch 7400 German Hill Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
592X Immediate cause	(a) Chronic Glomerular Nephritis	5 years
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Hypertension (Malignant)	10 years
	DUE TO (c) Chronic Cholecystitis	1 year
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1930, to Aug 19, 1955, that I last saw the deceased alive on Aug 19, 1955, and that death occurred at 10:45 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): Morris G. Jacob M.D — ADDRESS: 1040 North Point Rd — DATE SIGNED: 8/20/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 23, 1955	Sacred Heart	Dundalk-Md.

DATE REC'D BY LOCAL REGISTRAR: 8/30/55 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR — ADDRESS: Ullrich Funeral Home 4210 Belair Road.

07471

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7484

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:

COUNTY: BALTIMORE — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Perry Hall

LENGTH OF STAY (in this place): 3 YRS

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8911 BELAIR ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: MD — COUNTY: BALTIMORE

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PERRY HALL MD

STREET ADDRESS (If rural, give location): 8911 BELAIR ROAD

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
ELLA (or) HELENA		KUDIRKA	AUG	31	1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
FEMALE	WHITE	WIDOWED	SEPT 1874	80 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
HOUSEWORK	AT HOME	LITHUANIA	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
~~HERE~~ ? ONDINEKAS	?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
NO	—	NONE	ANTHONY KUDIRKA 8911 BELAIR ROAD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause 492X	(a) Congestive heart failure, acute	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Cold. – Viral pneumonia	2 days
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from ..... 19..... to ..... 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 7.15 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS: Eugene C. Baumann, M.D. — DATE SIGNED: August 31, 1955

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	SEPT 3 1955	HOLY TRINITY CEMETERY	BEAR CREEK	PA.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-31-55	[signature]	Duffel Bros.	7110 BELAIR RD.

Dunn

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

7485

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07472

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 142 Wiltshire Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) 142 Wiltshire Drive

3. NAME OF DECEASED (Type or Print): (First) Rufus (Middle) Pegues (Last) Lashley

4. DATE OF DEATH: (Month) 8 (Day) 3 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 13 1913

9. AGE last birthday: 41 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Civilian Worker

10b. KIND OF BUSINESS OR INDUSTRY: Quonset Depot

11. BIRTHPLACE (State or foreign country): Dublin Co. N. C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas L. Lashley

14. MOTHER'S MAIDEN NAME: Lula Warwick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs Lula Mae Lashley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

W. L. Davis M.D. Deputy Coroner — Essex Md. — 8/4/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug. 4-55 — NAME OF CEMETERY OR CREMATORY: Evergreen Cem. — LOCATION (City, town, or county) (State): Chester, S. Carolina

DATE REC'D BY LOCAL REG. 8/4/55 — REGISTRAR'S SIGNATURE: Edith Hurley

24. FUNERAL DIRECTOR: John S. Connelly — ADDRESS: Essex

MARYLAND STATE DEPARTMENT OF HEALTH

07473

7399

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY BALTO. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
LENGTH OF STAY (In this place) 7 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 104 S. NORRIS LANE

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
STREET ADDRESS (If rural, give location) 104 S. NORRIS LANE

3. NAME OF DECEASED (Type or Print) (First) AUGUST (Middle) (NMI.) (Last) LAUBACH

4. DATE OF DEATH (Month) AUG. (Day) 6, (Year) 1955

5. SEX MALE | 6. COLOR OR RACE WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH DEC. 17, 1879 | 9. AGE Last birthday 75 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER | 10b. KIND OF BUSINESS OR INDUSTRY TRUCK | 11. BIRTHPLACE (State or foreign country) BALTO. Md. | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME CHRISTIAN LAUBACH | 14. MOTHER'S MAIDEN NAME MARY SCHMIDT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown) (If yes, give war or dates of service) NO | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT AND ADDRESS MRS. MABEL WERNER 216 S. MARLIN AVE ESSEX 26 Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. G. Davis M.D. Attending Phy. Dundalk Md. 8/7/55

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE THEREOF AUG. 9, 1955 | NAME OF CEMETERY OR CREMATORY OAK LAWN | LOCATION (City, town, or county) (State) BALTO. CO. Md.

DATE REC'D BY LOCAL REG. AUG. 8 1955 | REGISTRAR'S SIGNATURE Williams McKeever | 24. FUNERAL DIRECTOR, ADDRESS Frank Linke Bradley, Dundalk, Md.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07474

7486

CERTIFICATE OF DEATH

Reg. Dist. No. 4 D

1. PLACE OF DEATH: COUNTY Baltimore County; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto.; MARYLAND; LENGTH OF STAY (in this place) 9 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 9429 Ridgely

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto; STREET ADDRESS (If rural give location) 9429 Ridgely Ave

3. NAME OF DECEASED: (Type or Print) (First) Edith (Middle) Reese (Last) Law

4. DATE OF DEATH: (Month) Aug (Day) 9 (Year) 1955

5. SEX: Fem

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid.

8. DATE OF BIRTH: June 14 84

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? Reese

14. MOTHER'S MAIDEN NAME: Roberta Billingsley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 0

17. INFORMANT & ADDRESS: Son Samuel Law, 9429 Ridgely

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 42 1/2 DUE TO Arteriosclerotic Cardiovascular

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO disease with Cerebral ischemia due to repeated multiple

(c) Thrombi.

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION 0

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) 0; PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 0; (CITY OR TOWN) 0; (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. 0; INJURY OCCURED While at Work ☐ Not While At Work ☐; HOW DID INJURY OCCUR? 0

22. I hereby certify that I attended the deceased from Apr 53, to Aug 55, that I last saw the deceased alive on Aug 8, 1955, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank J. Kasik, Jr. M.D. ADDRESS 9005 Harford Rd. DATE SIGNED 8/9/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF Aug 12, 1955; NAME OF CEMETERY OR CREMATORY Chestnut Grove; LOCATION (City, town, or county) Sweet Air; (State) Md.

DATE REC'D BY LOCAL REGISTRAR; REGISTRAR'S SIGNATURE Walter W. Cromwell

24. FUNERAL DIRECTOR Martin L. Kurtz, Jr.; ADDRESS Jarrettsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07475

7487

CERTIFICATE OF DEATH

Reg. Dist. No. 4 X

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH
   COUNTY: BALTIMORE — MARYLAND
   CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): FORT HOWARD
   LENGTH OF STAY (in this place): 62 DAYS
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: also 58X-3
   STATE: MASSACHUSETTS — COUNTY: ~~Baltimore~~ — MD.
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BOSTON — Baltimore ✓
   STREET ADDRESS (If rural give location): 183 DUDLEY STREET / 1700 Edgedale St.

3. NAME OF DECEASED (Type or Print): ELI (First) T. (Middle) LAWRENCE (Last)

4. DATE OF DEATH: (Month) AUGUST (Day) 23 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: 1/19/88

9. AGE last birthday: 67 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): CRANE OPERATOR

10B. KIND OF BUSINESS OR INDUSTRY: MASS. STATE GOVT.

11. BIRTHPLACE (State or foreign country): MACON, GEORGIA

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: ELI T. LAWRENCE

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): YES — (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 214-18-1523

17. INFORMANT & ADDRESS: CLIN.REC.VET.ADM.HOSP.,FT.HOWARD,MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

18-X IMMEDIATE CAUSE (A) HYPERNEPHROMA, LEFT — 22 MO.

ANTECEDENT CAUSE (S): DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 1. EMPHYSEMA, PULMONARY — UNKNOWN
2. CHRONIC BRAIN SYNDROME Associated with Arterio-(sclerosis) — UNKNOWN

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? City or town (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from JUNE 22, 1955, to AUG. 23, 1955, [redacted] and that death occurred at 7:30PM, from the causes and on the date stated above.

SIGNATURE [redacted]

ADDRESS: IRVING FREEMAN,M.D.,Acting Chief,Medical Service VAH, FORT HOWARD, MD.

DATE SIGNED: 8-24-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL

DATE THEREOF: Aug. 26 1955

NAME OF CEMETERY OR CREMATORY: LORRAINE PARK CEMETERY

LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR: [illegible]

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: WM. J. TICKNER AND SONS, INC.

ADDRESS: NORTH & PENNA. AVE.,BALTIMORE, MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07476

7488 **CERTIFICATE OF DEATH** Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 Catonsville
LENGTH OF STAY (in this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 House in the Pines

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkridge
STREET ADDRESS (If rural give location) 5902 Old Washington Road

3. NAME OF DECEASED: (Type or Print) (First) Sadie (Middle) Bauman (Last) Laynor

4. DATE OF DEATH: (Month) August (Day) 6, (Year) 19 55

5 SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed | 8 DATE OF BIRTH: April 20, 1876 | 9. AGE last birthday: 79 yrs | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Elkridge, Md. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Louis O. Bauman

14. MOTHER'S MAIDEN NAME: Frances A. Mewshaw

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs. Phyllis L. Adcock 6000 Old Wash Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X
IMMEDIATE CAUSE (A) Chicken Vaccine Accident

ANTECEDENT CAUSE (S):
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST
DUE TO (B) Arteriosclerosis Coronary - Terminal
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc. | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/ , 1955, to 7/6, 1955, that I last saw the deceased alive on 7/6, 1955, and that death occurred at 3 45 P M. from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS Catonsville, Md. DATE SIGNED 8/8/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Aug. 9, 1955 | NAME OF CEMETERY OR CREMATORY Meadowridge Memorial | LOCATION (City, town, or county) Elkridge, Md. (State)

DATE REC'D BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR Wm J. Tuckner & Son ADDRESS Mt Hope

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07477

CERTIFICATE OF DEATH

Reg. Dist. No. 44

7400

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK (22) LENGTH OF STAY (in this place) 35 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 210 COLGATE AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK (22)
STREET ADDRESS (If rural give location) 210 COLGATE AVE.

3. NAME OF DECEASED: (Type or Print) (First) CATHERINE (Middle) BOTZLER (Last) LE COMPTE

4. DATE OF DEATH: (Month) AUG. (Day) 3, (Year) 1955

5. SEX: F. 6. COLOR OR RACE: W. 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED 8. DATE OF BIRTH: 27 MAY 1875 9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE 10b. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): Md. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN BOTZLER 14. MOTHER'S MAIDEN NAME: ELIZABETH PABST

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO.: NONE. 17. INFORMANT & ADDRESS: MISS NAOMI LE COMPTE- SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) Hypertension & Arteri sclerotic Cardio-Vascular disease — Interval Between Onset And Death 10 yrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) — DUE TO (c)
443X
(260X)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1954, to Augs. 2, 1955, that I last saw the deceased alive on Aug. 2, 1955, and that death occurred at 1:30 PM, from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J W Travis MD Dundalk-Md 8/5/55

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF Aug. 6, 1955 NAME OF CEMETERY OR CREMATORY OAK LAWN LOCATION (City, town, or county) BALTO. Co., (State) Md.

DATE REC'D BY LOCAL REGISTRAR Aug 5, 1955 REGISTRAR'S SIGNATURE William M. Kelly 24. FUNERAL DIRECTOR Walter Brooke Bradley ADDRESS Dundalk, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07479

CERTIFICATE OF DEATH

7489 Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X FORT HOWARD; LENGTH OF STAY (in this place) 268 DAYS; HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE 03X-1; STREET ADDRESS (If rural give location) 405 EASTERN AVENUE

3. NAME OF DECEASED. (Type or Print) (First) PETE (Middle) (Last) LINKEWICZ

4. DATE OF DEATH: (Month) AUGUST (Day) 18 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): SINGLE

8. DATE OF BIRTH. 5-10-90

9. AGE last birthday. 65 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): BARTENDER

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): RUSSIA

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: VICTOR LINKEWICZ

14. MOTHER'S MAIDEN NAME: ANNIE MN: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 215-12-3427

17. INFORMANT & ADDRESS: CLIN.REC.VET.ADM.HOSP.,FT.HOWARD,MARYLAND

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1478

IMMEDIATE CAUSE (A) CARCINOMA OF HYPOPHARYNX WITH EXTENSIVE XXXXXX METASTASIS TO CERVICAL LYMPH GLANDS — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 3-21-55

19B. MAJOR FINDINGS OF OPERATION: RADICAL NECK DISSECTION, RIGHT

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from NOV. 23, 1954, to AUG. 18, 1955, XXXXXXXXXXXXXXXXXXXX the deceased XXXXXXXXXXXXXXXXXXXX and that death occurred at 7:45A M. from the causes and on the date stated above.

SIGNATURE F. G. DICKEY, M.D. Chief, Medical Service ADDRESS M D. VAH, FORT HOWARD, MARYLAND DATE SIGNED 8-18-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL

DATE THEREOF 8-19-55

NAME OF CEMETERY OR CREMATORY: BALTIMORE NATIONAL CEM.

LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 8-18-55

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: J.G.CONNELLY FUNERAL HOME

ADDRESS: 418 EASTERN AVE. BALTIMORE 21, MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07478

7490 **CERTIFICATE OF DEATH** Reg. Dist. No. ....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-5

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 Catonsville
LENGTH OF STAY (in this place) 25 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Spring Grove Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata. 08X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED. (Type or Print) (First) ALEXANDER (Middle) W (Last) LYON

4. DATE OF DEATH: (Month) Aug (Day) 13 (Year) 1955

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: 1890 (?) | 9. AGE last birthday: 65 (?) yrs | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer | 10B. KIND OF BUSINESS OR INDUSTRY: farming | 11. BIRTHPLACE (State or foreign country): Charles Co.; Maryland | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Lyons | 14. MOTHER'S MAIDEN NAME: Sarah Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT & ADDRESS: Mrs Katharine Lyons, Charlotte Hall Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

593 X
IMMEDIATE CAUSE (A) Acute Urinary Tract Infection
ANTECEDENT CAUSE (B) DUE TO Glomerulo Nephritis
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 13 1931, to Aug 13, 1955, that I last saw the deceased alive on Aug. 13, 1955, and that death occurred at 1:15 P. M, from the causes and on the date stated above.
SIGNATURE Spring Grove Hospital /by H.R. Cavey M.D. ADDRESS DATE SIGNED August 13, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Aug 15 1955 | NAME OF CEMETERY OR CREMATORY Trinity Cemetery | LOCATION (City, town or county) (State) New Port, Md

DATE REC'D BY LOCAL REGISTRAR 8-15-55 | REGISTRAR'S SIGNATURE Victor B. Bailey | 24. FUNERAL DIRECTOR Hewitt & Byron Funeral Home | ADDRESS Waldorf Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07480

7476

CERTIFICATE OF DEATH

Reg. Dist. No. 42

THIS IS A PERMANENT RECORD.
PLEASE TYPE, OR WITH PERMANENT BLACK OR BLUE-BLACK INK—DO NOT USE A BALL POINT PEN.
Every item of information must be carefully supplied. Physicians: please write the causes of death clearly and legibly.
THIS CERTIFICATE MUST BE FILED WITH THE BUREAU OF VITAL RECORDS WITHIN THREE (3) DAYS AFTER DEATH.

1. NAME OF DECEASED (Type or Print): Mary Loretta Macatee

2. DATE OF DEATH: August 13, 1955

3. PLACE OF DEATH: A. ~~Baltimore City~~, Maryland; B. Baltimore Co.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE: Maryland; B. COUNTY: Balt. Co.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Apt. 209, Oaklee Village

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 29

c. Length of stay in Baltimore: Yrs. ___ Mos. ___ Days ___

D. STREET ADDRESS (If rural, give location): Apt. 209, Oaklee Village

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Married	Oct. 24, 1879	75		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Baltimore, Maryland	U.S.A.

13. FATHER'S NAME: Richard C. Jamison

14. MOTHER'S MAIDEN NAME: Starkey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
No	None	Mr. J. E. Macatee, Jr., 4003 Carlisle Ave.

MEDICAL CERTIFICATION

16. 584X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: four months

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Popliteal Phlebitis — 5 days

DUE TO

(C) Cholecystectomy & Cholelithiasis — 7/14/55

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20. AUTOPSY?
	7/14/55	Cholelithiasis	YES ☐ NO ☐

21C. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I certify that (I) (~~this hospital~~) attended the deceased from July 27th 19 55 to Aug. 13 19 55, that (I) (we) last saw the deceased alive on Aug 13 19 55, and that death occurred at 11:15 A m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
M. J. Mackermott M.D. ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS ☐	624 Stamford Rd	8/13/55

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	August 16, 1955	New Cathedral Cemetery	Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
AUG 15 1955	Dr. Geo. [illegible] Keyser	Wm. J. Tickner & Sons, Balto. 17 Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07481

7491

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 300 Burke Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson
STREET ADDRESS (If rural give location) 300 Burke Avenue

3. NAME OF DECEASED: (Type or Print) (First) Anita (Middle) (Last) Machacek

4. DATE OF DEATH: (Month) Aug. (Day) 15, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Sept. 27, 1895

9. AGE last birthday 59 yrs.
IF UNDER 1 YEAR: Months — Days —
IF UNDER 24 HRS.: Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank J. Smrcina

14. MOTHER'S MAIDEN NAME: Agnes E. Masek

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Louis M. Machacek, Towson, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

591X

IMMEDIATE CAUSE (A) NEPHROSIS

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 6 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. EPITHELIOMA OF INGUINAL REGION

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 12, 1955, to Aug 15, 1955, that I last saw the deceased alive on Aug 15, 1955, and that death occurred at 10P M, from the causes and on the date stated above.

SIGNATURE Madeleus C. Sewinski M. D. ADDRESS 17W. Penna. Ave DATE SIGNED Aug. 18, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Aug. 19, 1955

NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.

LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR Aug. 18, 1955

REGISTRAR'S SIGNATURE Mabel C. Gray

24. FUNERAL DIRECTOR ADDRESS John Burns' Sons, Towson Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07482

CERTIFICATE OF DEATH

7492 Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN 52 and give nearest town) | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 OAK HILL NURSING HOME EDMONDSON AVE, CATONSVILLE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE 3 Vol-4
STREET ADDRESS (If rural give location) 21 N. ELLWOOD AVE. ✓

3. NAME OF DECEASED: (Type or Print) (First) KATHERINE (Middle) (Last) MARTIN
4. DATE OF DEATH: (Month) AUGUST (Day) 1, (Year) 19 55

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH: JUNE 12, 1898
9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): AT HOME
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN A. MARTIN
14. MOTHER'S MAIDEN NAME: ELIZABETH KAHLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: EBERHARD MARTIN, 21 N. ELLWOOD AVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

153X
Immediate cause (a) Carcinomatosis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma of Transverse Colon
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1955, to Aug 1, 1955, that I last saw the deceased alive on July 30, 1955, and that death occurred at 11:00 Am, from the causes and on the date stated above.
SIGNATURE (Degree or title) Edgar J. Mills M.D. ADDRESS 5226 BALT. NAT. PIKE DATE SIGNED 8/1/55

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF AUG 4, 1955 NAME OF CEMETERY OR CREMATORY OAK LAWN LOCATION (City, town, or county) (State) BALTIMORE CO.

DATE REC'D BY LOCAL REGISTRAR 8/2/55 REGISTRAR'S SIGNATURE A. K. Hedrick 52
24. FUNERAL DIRECTOR ADDRESS ULLRICH FUNERAL HOME, 4210 BEL-AIR RD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7493 **CERTIFICATE OF DEATH** Reg. Dist. No. 07483

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
   COUNTY: BALTIMORE — MARYLAND
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X FORT HOWARD
   LENGTH OF STAY (in this place): 33 DAYS
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: 50 VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: MARYLAND — COUNTY:
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTIMORE
   STREET ADDRESS (If rural give location): 2857 W. NORTH AVENUE

3. NAME OF DECEASED: (First) CLEMEN (Middle) F. (Last) MC CABE

4. DATE OF DEATH: (Month) AUGUST (Day) 31 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): SINGLE

8. DATE OF BIRTH: 5-26-95

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): REPAIR MAN

10B. KIND OF BUSINESS OR INDUSTRY: SELF EMPLOYED

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: WILLIAM H. MC CABE

14. MOTHER'S MAIDEN NAME: LAVENIA SITZLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: CLIN.REC.,VET.ADM.HOSP.,FT.HOWARD, MARYLAND

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
757.1 IMMEDIATE CAUSE	(A) MENINGITIS (AEROBACTER AEROGENES)	2 WEEKS
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO PARANEPHRIC ABSCESS RIGHT KIDNEY (A. AEROGENES)	6 MONTHS
	(C) DUE TO POST OPERATIVE INFECTION (REMOVAL OF CYST RIGHT KIDNEY)	See below
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	SEPTICEMIA (A. aerogenes)	4 WEEKS

19A. DATE OF OPERATION: 12-13-54, 6-2-55

19B. MAJOR FINDINGS OF OPERATION: Excision cyst of kidney, right; Exploration of right kidney

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from JULY 29, 1955, to AUG. 31, 1955 XXXXXXXXXXXXXXXXXXXX and that death occurred at 11:45 AM M, from the causes and on the date stated above.

SIGNATURE: William B. Vandegrift
ADDRESS: M.D. VAH, FORT HOWARD, MARYLAND
DATE SIGNED: 9-1-55

WILLIAM B. VANDEGRIFT, M.D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
DATE THEREOF: 9/3/55
NAME OF CEMETERY OR CREMATORY: LORRAINE PARK CEMETERY
LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR: 9-2-55
REGISTRAR'S SIGNATURE: Ethel Hedrick

24. FUNERAL DIRECTOR: WM. TICKNER & SONS
ADDRESS: NORTH & PENNA. AVE. BALTIMORE, MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07484

7401

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN INVERNESS; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS & BAYSIDE DRIVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTO; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN INVERNESS; STREET ADDRESS (If rural give location) & BAYSIDE DRIVE

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) C. (Last) Mc CLELLAND

4. DATE OF DEATH: (Month) AUG (Day) 19 (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: AUG 29 1895

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): AT HOME

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN F. STAPPS

14. MOTHER'S MAIDEN NAME: MARY THOMPSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: GEO. F. McCLELLAND 121 BAYSIDE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ..... Cancer Stomach. — Interval Between Onset And Death: 15 mos.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ..... Carcinomatosis — 12 mos.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: AUG 19 1954

19b. MAJOR FINDINGS OF OPERATION: Cancer entire Stomach

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan ....., 1952, to Aug 19., 1955., that I last saw the deceased alive on Aug 19, 1955, and that death occurred at ... ., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ward H. Andrew M.D. ADDRESS 33 Dundalk Ave Dundalk Md DATE SIGNED 8/20/55

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

DATE THEREOF AUG 22 1955

NAME OF CEMETERY OR CREMATORY OAK LAWN

LOCATION (City, town, or county) COLGATE (State) MD.

DATE REC'D BY LOCAL REGISTRAR 8/22/55

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ULLRICH FUNERAL HOME

ADDRESS 2112 DUNDALK

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07485

7494

CERTIFICATE OF DEATH

Reg. Dist. No. ...

1. PLACE OF DEATH:
(a) Baltimore City, Maryland (In Hospital)
(b) Street address 3101 MORELAND AVE.
(c) Hospital or institution:
X
00
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 MO
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County BALTO X
(c) City or town PARKVILLE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3101 MORELAND AVE
(If rural give location)
(e) Citizen of foreign country? N.A. (Yes or ~~No~~)
If yes, name country

3 (a) **FULL NAME** Katherine Mary McGovern

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	214-24-0563

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOWED

6 (b) Name of husband ~~or wife~~ JAMES McGOVERN
6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) 3-21-92

8. AGE: Years	Months	Days	If less than one day
63	1892 MAR	21	... hr. ... min.

9. Birthplace BALTIMORE
(Town, county, and state)
10. Usual Occupation HOUSE WORK.
11. Industry or business AT HOME.

FATHER
12. Name ANTHONY ALBRECHT
13. Birthplace

MOTHER
14. Maiden Name ANNA CATHERINE
15. Birthplace

16 (a) Informant ANNA C. LICHTNER
(b) Address 3101 MORELAND AVE.

17 (a) BURIAL (b) Date thereof SEPT 2 1955
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ HOLY REDEEMER
Location 4430 BELAIR ROAD

18 (a) Funeral director DIPPEL BROTHERS
(b) Address 1800 E LOMBARD ST.

19 (a) 9-1 (b) S.S.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 30, 1955, at 9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 30 1955 to Aug. 30 1955
and that I last saw h[illegible] alive on Aug. 30 1955

Immediate cause of death	Duration
Coronary occlusion, acute	45 min
Due to Arteriosclerosis	...
Due to ...	...
Other Conditions ...	...

(Include pregnancy within 3 months of death)
Date of operation ...
Major findings of operation: ...
... of autopsy: ...

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ...
(b) Date of occurrence ... at ... M
(c) Where did injury occur? ...
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ... While at work? ...
(Specify type of place)
(e) Means of injury ...

23. Signature Donald Landon M. D.
Address 6077 Harford Rd Date signed 8-30-55

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.
MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07485

7495 CERTIFICATE OF DEATH

Reg. Dist. No. .... ..

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND — CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rural, White Marsh — LENGTH OF STAY (in this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS (If not in hospital) Red Lion Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore — CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural, White Marsh X — STREET ADDRESS (If rural give location) Red Lion Road

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Z. (Last) Meginnis, Jr.

4. DATE OF DEATH. (Month) August (Day) 12, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: July 15, 1913

9. AGE last birthday: 42 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerical

10B. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry Z. Meginnis, Sr.

14. MOTHER'S MAIDEN NAME: Florence E. Copper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: White M
Mrs. Hazel M.Meginnis, Red Lion Rd., Marsh, D.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Squamous cell Carcinoma Lt Antrum — INTERVAL BETWEEN ONSET AND DEATH: 18 mos.

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B)

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 12 August 55

19B. MAJOR FINDINGS OF OPERATION: Exploratory Lt Antrum - Squamous cell Ca.

20. AUTOPSY? YES ☐ NO X

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1954, to Aug, 1955, that I last saw the deceased alive on 12 Aug, 1955, and that death occurred at 2:00 P.M. from the causes and on the date stated above.

SIGNATURE Lawrence L. Keown M.D. ADDRESS DATE SIGNED 13 Aug 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: August 15, 1955 — NAME OF CEMETERY OR CREMATORY: Camp Chapel Cemetery — LOCATION (City, town, or county) (State): Joppa, Maryland

DATE REC'D BY LOCAL REGISTRAR: August 13 1955 — REGISTRAR'S SIGNATURE: R-W.

24. FUNERAL DIRECTOR: Wm J Tickner & Sons — ADDRESS: Balto. 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07488

7496 CERTIFICATE OF DEATH Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN "Jemicy" Pikesville
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Park Heights Ave. Extd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN "Jemicy" Pikesville X
STREET ADDRESS (If rural give location) Park Heights Ave. Extd.

3. NAME OF DECEASED: (Type or Print) (First) Sylvia (Middle) (Last) Miller

4. DATE OF DEATH: (Month) (Day) (Year) August 3, 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: November 27, 1904

9. AGE last birthday: 50 yrs.

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Chicago, Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Milton Hartman

14. MOTHER'S MAIDEN NAME: Blanche Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mr. Jay J. Miller, 2nd., 1508 1st Nat'L. Bk.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X

IMMEDIATE CAUSE (A) Metastatic Carcinoma of Liver — INTERVAL BETWEEN ONSET AND DEATH: 8 weeks

ANTECEDENT CAUSE (S) DUE TO (B) Primary Carcinoma of Breast — 1 year

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) all records at Mercy Memorial Hospital — July 7 '54

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: July 13-1955

19B. MAJOR FINDINGS OF OPERATION: Metastic Ca of Liver

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 7, 1954, to Aug 3, 1955, that I last saw the deceased alive on Aug 3, 1955, and that death occurred at 2.20 A. M., from the causes and on the date stated above.

SIGNATURE Erwin E. Leaser M.D. ADDRESS The Wyatt 18 DATE SIGNED Aug 3-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: August 5, 1955

NAME OF CEMETERY OR CREMATORY: Druid Ridge Cemetery

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: Wm. J. Tielens & Sons, Balto. 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

(7489)

Items 18&21 Film G186 9-13-55 am Item 3, Film G186 9-16-55 et

CERTIFICATE OF DEATH

Reg. Dist. No. 3 7

7497

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Lutherville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 616 College Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville X
STREET ADDRESS (If rural give location) 616 College Ave. 1

3. NAME OF DECEASED: (First) William (Middle) Henry (Last) Mitchell

4. DATE OF DEATH: (Month) Aug. (Day) 16 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower

8. DATE OF BIRTH: Dec. 20, 1875

9. AGE last birthday 80 / 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer-Ret.

10B. KIND OF BUSINESS OR INDUSTRY: Self Employed

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Thomas Mitchell

14. MOTHER'S MAIDEN NAME: Mary Ann Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs. Byron Bishop, Lutherville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) 902.0 IMMEDIATE CAUSE — Coronary Heart Disease — 7 Days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Arteriosclerosis Gen. — unk

(C) DUE TO Fractured hip left — 6 mos.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Epilepsy - — unk

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Accident

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home

21C. WHERE DID INJURY OCCUR? (City or town) Lutherville (County) Balto. (State) Md.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Sept. 10, 1954 M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☒

21F. HOW DID INJURY OCCUR? Fall out of bed

22. I hereby certify that I attended the deceased from 10/4 54 to 8/16 55, that I last saw the deceased alive on 8/16 55, and that death occurred at 7:30 P.M. from the causes and on the date stated above.

SIGNATURE Bennett A. Stoer M. D. ADDRESS Lutherville DATE SIGNED 8/18/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Aug. 19, 1955 — NAME OF CEMETERY OR CREMATORY Prospect Hill Cem. — LOCATION (City, town, or county) (State) Towson, Md.

DATE REC'D BY LOCAL REGISTRAR 24 Aug 1955 — REGISTRAR'S SIGNATURE Anna Armistead MacRae — 24. FUNERAL DIRECTOR AND ADDRESS John Burns' Sons, Towson, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07490

7498

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH

COUNTY BALTIMORE MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD,

LENGTH OF STAY (in this place) 16 DAYS

HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE

STREET ADDRESS (If rural give location) 644 GUTMAN AVENUE

3. NAME OF DECEASED: (Type or Print) ROBERT (First) F. (Middle) MOSKO (Last)

4. DATE OF DEATH: (Month) AUGUST (Day) 3 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH. 9/6/17

9. AGE last birthday 37 yrs

IF UNDER 1 YEAR: Months Days

IF UNDER 24 HRS: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) BRICK LAYER

10B. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION CO.

11. BIRTHPLACE (State or foreign country): BRIGHTON, ALABAMA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN MOSKO

14. MOTHER'S MAIDEN NAME: FRANCES ROBERTS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. 298-10-8940

17. INFORMANT & ADDRESS: MEDICAL RECORDS VAH FT. HOWARD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1977 IMMEDIATE CAUSE (A) CARCINOMATOSIS — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. RHEUMATIC HEART DISEASE — 10 YEARS

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JULY 18, 1955, to AUG. 3, 1955 and that death occurred at 4:10A M, from the causes and on the date stated above.

SIGNATURE F. G. DICKEY, M.D., Chief, Medical Service M. D. — ADDRESS VAH, FORT HOWARD, MARYLAND — DATE SIGNED 8-3-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF 8-5-55 — NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL CEMETERY — LOCATION (City, town, or county) BALTIMORE, MD. (State)

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR WIEDEFELD & SON FUNERAL HOME — ADDRESS GREENMOUNT AVE. & 22ND ST.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07491

7499 CERTIFICATE OF DEATH Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Fort Howard; LENGTH OF STAY (in this place) 35 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore X; STREET ADDRESS (If rural give location) 5311 Overhill Road 1

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) R. (Last) MYERS

4. DATE OF DEATH: (Month) August (Day) 24 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 5/6/96

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10B. KIND OF BUSINESS OR INDUSTRY: Interior & Exterior

11. BIRTHPLACE (State or foreign country): Westminster, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Margaret Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 217-05-2138

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1-55 X IMMEDIATE CAUSE (A) CARCINOMA OF AMPULLA VATER — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. (1) DUODENAL ULCER — UNKNOWN; (2) BENIGN PROSTATIC HYPERTROPHY — UNKNOWN; (3) BRONCHOPHEUMONIA — 2 DAYS

19A. DATE OF OPERATION: 8-22-55

19B. MAJOR FINDINGS OF OPERATION: Laparotomy and cholecystodudenostomy, exploration of common bile duct and duodenum

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): VA M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that X attended the deceased from July 20, 1955, to Aug. 24, 1955, XXXXXXXXXXXXXXXXXXXX and that death occurred at 4:55 P.M., from the causes and on the date stated above.

SIGNATURE: Irving Freeman — ADDRESS: M.D. VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 8-25-55

IRVING FREEMAN, M.D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: Aug. 29, 1955

NAME OF CEMETERY OR CREMATORY: Baltimore National Cem.

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Wm. Cook-Blight, Inc. — ADDRESS: 6009 Harford Road, Balto. 14, Md.

07492

MARYLAND 7530

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 30

M

1. PLACE OF DEATH
COUNTY: BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 52 CATONSVILLE
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: OR 3 FOREST DRIVE

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MD. COUNTY: BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE
STREET ADDRESS (If rural, give location): 3 FOREST DRIVE

3. NAME OF DECEASED (Type or Print): (First) ELIZABETH (Middle) M. (Last) NANZ

4. DATE OF DEATH: (Month) AUG. (Day) 13 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W

8. DATE OF BIRTH: SEPT. 25, 1868

9. AGE last birthday: 86 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE KEEPER

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): KENTUCKY

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: WM. LOUDER BACK

14. MOTHER'S MAIDEN NAME: MARGARET GALLAGHER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Linden Owens - 3 Forest Drive.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Art-Sclerotic C-V Disease — Interval Between Onset and Death: 1 yr?

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebro vascular Selerosis — 1 yr

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fract hip — 1 yr

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1 ., 19 55, to 8/12 ., 19 55, that I last saw the deceased alive on 8/12 ., 19 55 and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Victor F. Jay, M.D. ADDRESS: DATE SIGNED: 8/14/55

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE: 8/14/55 — NAME OF CEMETERY OR CREMATORY: Mayeville Cem. — LOCATION (City, town, or county) (State): Mayeville, Kentucky

DATE REC'D BY LOCAL REG. 8-14-55 — REGISTRAR'S SIGNATURE: V. E. Harris

24. FUNERAL DIRECTOR: Farley Funeral Home — ADDRESS: Catonsville, Md.

I

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07493

75-14

Item 9, Film G185 8-22-55 et

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ivy Hall-Convalescing Home Balto 20 Md

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 21201-4
STREET ADDRESS (If rural give location) 447 N. Ellwood Avenue

3. NAME OF DECEASED. (Type or Print) (First) LOUIS (Middle) (Last) OEST

4. DATE OF DEATH: (Month) August (Day) 16, (Year) 1955

5. SEX: M. 6. COLOR OR RACE: white 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed 8. DATE OF BIRTH: Aug. 16, 1868 9. AGE last birthday 86/87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Store Keeper 10B. KIND OF BUSINESS OR INDUSTRY: Self Employed 11. BIRTHPLACE (State or foreign country): Baltimore, Maryland 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Louis Oest 14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: Norma Killman, 447 N. Ellwood Avenue

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Arteriosclerotic Cardio-Vascular disease — 3 yrs
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1955 to Aug 16, 1955 that I last saw the deceased alive on Aug 16, 1955, and that death occurred at 11:45 AM, from the causes and on the date stated above.
SIGNATURE Wm Gardner M.D. ADDRESS Balto 6 Md DATE SIGNED 8/15/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial DATE THEREOF 8/18/55 NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 8/16/55 REGISTRAR'S SIGNATURE [illegible] 24. FUNERAL DIRECTOR Wm. Cooke Inc. ADDRESS 1217 St. Paul St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07495

CERTIFICATE OF DEATH

7502 Reg. Dist. No.

1. PLACE OF DEATH. COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 Catonsville
LENGTH OF STAY (in this place) 3 mo. 7 d.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carmody Hills 15 X-2
STREET ADDRESS (If rural give location) 7507 Bexine St NE ✓

3. NAME OF DECEASED: (Type or Print) (First) Ernest (Middle) I (Last) PARKER
4. DATE OF DEATH: (Month) (Day) (Year) 8 28 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M.	W.	Separ.	8-16-1883	72 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unk.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Isaiah Parker
14. MOTHER'S MAIDEN NAME: Cora Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unk (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO unk
17. INFORMANT & ADDRESS: Records 7 Spring Grove St. Hosp.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1-7X IMMEDIATE CAUSE (A) Carcinoma of stomach with metastases — INTERVAL BETWEEN ONSET AND DEATH 10 mo. & 2 yrs.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hem. Quintyxnone anoxia(d) with Senile Brain disease

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/21, 1955, to 8/28, 1955, that I last saw the deceased alive on 8/21, 1955, and that death occurred at 6:55 P.M, from the causes and on the date stated above.
SIGNATURE [illegible] M.D. ADDRESS 5[illegible] Catonsville Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Aug 31, 1955
NAME OF CEMETERY OR CREMATORY Evergreen
LOCATION (City, town, or county) (State) Bladensburg, Md

DATE REC'D BY LOCAL REGISTRAR 8/30/55
REGISTRAR'S SIGNATURE Victor E Harvey
24. FUNERAL DIRECTOR F. Gosche Sons, Hyattsville Md.
ADDRESS

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Item 3: Film G189 12/5/55 dwr

MARYLAND STATE DEPARTMENT OF HEALTH

74 12 CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07494

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3009 Dundalk Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 3009 Dundalk Ave.

3. NAME OF DECEASED (Type or Print): (First) ANNE Martha Anne (Middle) N. (Last) PARKER

4. DATE OF DEATH: (Month) (Day) (Year) August 25, 1955 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan 13 1876

9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Nathaniel J. Gover

14. MOTHER'S MAIDEN NAME: Martha A. Parry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Della M. Turner Box 381 RT. 3, Belair

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ✓, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug 30/55 — NAME OF CEMETERY OR CREMATORY: Oak Lawn — LOCATION (City, town, or county) (State): Baltimore

DATE REC'D BY LOCAL REG. 8-29-55 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS: Ulrich Funeral Home 2112 Dundalk Ave.

Duke

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07496

7503

CERTIFICATE OF DEATH

Reg. Dist. No. 39

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Monkton, Rural; LENGTH OF STAY (in this place) life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Old York Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Monkton, Rural X; STREET ADDRESS (If rural give location) Old York Rd.

3. NAME OF DECEASED: (First) Annie (Middle) Edwards (Last) Patterson

4. DATE OF DEATH: (Month) Aug. (Day) 18 (Year) 1955

5. SEX: Female 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married 8. DATE OF BIRTH: Jan. 10, 1881 9. AGE last birthday 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 10B. KIND OF BUSINESS OR INDUSTRY: home 11. BIRTHPLACE (State or foreign country): Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Curry 14. MOTHER'S MAIDEN NAME: Frances Edwards

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO. none 17. INFORMANT & ADDRESS: John G. Patterson, Monkton, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 IMMEDIATE CAUSE	(A) Cardiac failure	2 days
ANTECEDENT CAUSE (B)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. 260 X	(B) Coronary Sclerosis DUE TO	yrs.
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes Mellitus		9 yrs.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 2, 1955 to Aug 18, 1955, that I last saw the deceased alive on Aug 17, 1955, and that death occurred at 4 A. M, from the causes and on the date stated above.

SIGNATURE Elizabeth B. Chenault M. D. ADDRESS Coatesville, Md. DATE SIGNED 8-18-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial DATE THEREOF 8-20-55 NAME OF CEMETERY OR CREMATORY St. James, Episcopal LOCATION (City, town, or county) (State) Monkton, Balto. Co., Md.

DATE REC'D BY LOCAL REGISTRAR Aug. 17, 55 REGISTRAR'S SIGNATURE M. Elizabeth Gorsuch 24. FUNERAL DIRECTOR Brooks Funeral Service, Sparks, Md. ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07498

7504

CERTIFICATE OF DEATH

Reg. Dist. No. 5-1

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Ruxton; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Sorrenson Nursing Home 7912 Ruxway Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3V01.4; STREET ADDRESS (If rural give location) 208 East 25th Street

3. NAME OF DECEASED: (Type or Print) (First) CLARA (Middle) (Last) FINDELL

4. DATE OF DEATH: (Month) (Day) (Year) August 28, 1955

5. SEX female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH. June 3, 1866

9. AGE last birthday. 89 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Louis D. Sweeny

14. MOTHER'S MAIDEN NAME: Garrie Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Mrs. Cora Bauer, 2128 McElderry St.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4221 IMMEDIATE CAUSE (A) Myocarditis Chronic Interna due to — 7 days.

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

(B) Myocardial Hypertrophy. due to — years.

(C) Atherosclerosis General. — years.

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: none

19B. MAJOR FINDINGS OF OPERATION: no operation

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) no accident.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY none M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? none.

22. I hereby certify that I attended the deceased from Aug 17, 1955 to Aug 28, 1955, that I last saw the deceased alive on Aug 27, 1955, and that death occurred at 7.10 A M, from the causes and on the date stated above.

SIGNATURE James Graham Marston M.D. ADDRESS 516 Cathedral St DATE SIGNED Aug 29, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial; DATE THEREOF 8/30/55; NAME OF CEMETERY OR CREMATORY Green Mount Cemetery; LOCATION (City, town, or county) Baltimore, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR 8-30-55; REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Wm. Cook Inc., ADDRESS 1217 St. Paul St.

07499

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

75 '5

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Parkville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 2608 Burridge Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Parkville X
STREET ADDRESS (If rural, give location) 2608 Burridge Road

3. NAME OF DECEASED (Type or Print): (First) Mr. (Middle) Robert (Last) Preisel
4. DATE OF DEATH: (Month) (Day) (Year) August 24th 1955

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec. 15, 1892
9. AGE last birthday: 62 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer Balto Co. Health Dept
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ? John Preisel
14. MOTHER'S MAIDEN NAME: ? Elizabeth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY NO.: 212-01-6456
17. INFORMANT AND ADDRESS: Mrs. Mabel E. Preisel, 2608 Burridge Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
420.1
Immediate cause (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day
Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)... (c)...

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ~~8/24/55~~ ~~19~~, to ~~19~~, that I last saw the deceased alive on 8/24/55, 19..., and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Harold A. Gott, M.D. 2100 Harford Rd. 8/26/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Aug. 27, 1955
NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 8/26/55
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS: Leonard J. Ruck, 5305 Harford Road #14

Dr. Grott
8100 Harford Rd.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07500

7506

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY BALTO, MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) X

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS HOME

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MD. COUNTY BALTO

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAREWOOD PARK X

STREET ADDRESS (If rural, give location) ROUTE 14 BOX 401

3. NAME OF DECEASED: (Type or Print) (First) AGNES (Middle) S. (Last) RAMSEY

4. DATE OF DEATH: (Month) AUG. (Day) 22 (Year) 19 55

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: 4-12-1877

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): PA.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: RICHARD MISNER

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. SOCIAL SECURITY No.: (If Yes, give war or dates of service)

17. INFORMANT & ADDRESS: JOSEPH A. RAMSEY (ABOVE)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

174X

Immediate cause (a) Cancer of Uterus & Cervix — INTERVAL BETWEEN ONSET AND DEATH: 5 months

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertensive Heart Disease

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. none.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) no

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY none M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 7, 19 55, to Aug 22, 19 55, that I last saw the deceased alive on Aug 13, 19 55, and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Irving R Leak MD ADDRESS 901 Fuselage Av Baltimore 30 Md DATE SIGNED 8-23-55

23. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

DATE THEREOF: AUG. 23-55

NAME OF CEMETERY OR CREMATORY: FISHERDALE -

LOCATION (City, town, or county) (State): COLUMBIA CO. PA.

DATE REC'D BY LOCAL REG. 8-23-55

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR John G. Connelly ADDRESS Cary

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7507 **CERTIFICATE OF DEATH** Reg. Dist. No. 075 07 37

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Catonsville Md
LENGTH OF STAY (in this place) 3 1/2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Marie Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY (illegible)
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore X
STREET ADDRESS (If rural give location) 77 Dunkirk Rd

3. NAME OF DECEASED: (Type or Print) (First) Carrie (Middle) Hebe (Last) Redmond
4. DATE OF DEATH: (Month) Aug (Day) 19 (Year) 1955
5. SEX Female
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED: (Specify)
8. DATE OF BIRTH: Feb. 14 1879
9. AGE last birthday 76 yrs. IF UNDER 1 YEAR Months 5 Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Lawrence O'Brien
14. MOTHER'S MAIDEN NAME: Mary Braun
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Edward (illegible) Redmond

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
443 X
IMMEDIATE CAUSE (A) C-V-A, DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 1 hour
ANTECEDENT CAUSE (S):
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerotic Cardiovascular Disease DUE TO — 4 yrs
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1954 to Aug. 19 1955 that I last saw the deceased alive on Aug 19, 1955, and that death occurred at 12 P. M, from the causes and on the date stated above.
SIGNATURE Thomas A. Mudd Jr. M. D. ADDRESS Cockeysville Md. DATE SIGNED Aug 20 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Aug 23 - 55 Lot
DATE THEREOF
NAME OF CEMETERY OR CREMATORY London Pk
LOCATION (City, town, or county) (State) Baltimore

DATE REC'D BY LOCAL REGISTRAR Aug 22, 1955
REGISTRAR'S SIGNATURE (illegible)
24. FUNERAL DIRECTOR
ADDRESS (illegible)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

75 8

CERTIFICATE OF DEATH

07502

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Owings Mills

LENGTH OF STAY (in this place) 2 months

HOSPITAL OR INSTITUTION OR STREET ADDRESS 12 Rosewood Training School

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3V01.4

STREET ADDRESS (If rural, give location) 520 West Berry Street √

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Baby	Boy	Reid	8	26	19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	colored	single	8/4/54	1 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
—	—	Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Grover Reid	Hattie (maiden name unknown) Reid

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
—	—	--	Rosewood Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
7.56.2 Immediate cause	(a) Aspiration pneumonia	1 day
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Severe congenital malformation of mouth (cleft	birth
DUE TO		
	(c) palate) and brain.	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
			M.		

22. I hereby certify that I attended the deceased from 8/25, 19 55, to 8/26, 19 55, that I last saw the deceased alive on 8/26, 19 55, and that death occurred at 6:20 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE), ADDRESS	DATE SIGNED
Harry S. Butler M.D. Owings Mills Md	8/30/55

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
REMOVAL	AUG 31 1955	U OF M MEDICAL SC 11004	29 S GREEN ST MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 1, 1955	Mary E Lineberg	Duffel Bros.	1800 E LOMBARD ST

MARYLAND STATE DEPARTMENT OF HEALTH

7509

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

075103

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Lochearn | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3811 Oakleigh Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE N. J. COUNTY Cumberland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bridgeton
STREET ADDRESS (If rural, give location) 417 Irving Ave

3. NAME OF DECEASED (Type or Print): (First) Oscar (Middle) (Last) Rennels
4. DATE OF DEATH: (Month) Aug. (Day) 26 (Year) 55

5. SEX M | 6. COLOR OR RACE W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W. | 8. DATE OF BIRTH April 18 1871 | 9. AGE last birthday 84 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (State or foreign country) Pricetown N. J. | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Enoch Rennels | 14. MOTHER'S MAIDEN NAME Isamia Simmons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — | (If year, give war or dates of service) — | 16. SOCIAL SECURITY No. — | 17. INFORMANT, AND ADDRESS Frances Twining 3811 Oakleigh Ave Balto 7

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
1. IX Immediate cause	(a) (1) Primary Carcinoma of Stomach.	6 months
Antecedent cause(s)	(b)	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) 2) Arteri · Sclerotic Heart Disease	1 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Jun-15-55 | 19b. MAJOR FINDINGS OF OPERATION - Anaplastic Carcinoma of Stomach - | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1955, to Aug 26th, 1955, that I last saw the deceased alive on Aug 26, 1955, and that death occurred at 11.45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Earl L. Chambers M.D. | 4108 Liberty Hts Baltimore 7 | Aug 8-27-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Aug 29 55 | NAME OF CEMETERY OR CREMATORY Riverside Cemetery | LOCATION (City, town, or county) Bridgeton | (State) N.J.

DATE REC'D BY LOCAL REG. [illegible] | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR Loring Byers | ADDRESS 502 Pk Heights Balto. 15, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 19 07504

7510

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 Catonsville
LENGTH OF STAY (in this place) 1yr5mo23days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
STREET ADDRESS (If rural give location) 595 Valley Road

3. NAME OF DECEASED: (Type or Print) (First) Shirley (Middle) Alice (Last) Rephann

4. DATE OF DEATH: (Month) (Day) (Year) August 12, 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 12-16-1930

9. AGE last birthday 24 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Geray

14. MOTHER'S MAIDEN NAME: Leona Blubaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
1 7 X IMMEDIATE CAUSE	(A) Pulmonary metastases	Unknown
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	DUE TO (B) Fibrosarcoma of right buttocks	Unknown
	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-20, 1954 to 8-12, 1955, that I last saw the deceased alive on 8-12, 1955, and that death occurred at 3 4 M, from the causes and on the date stated above.

SIGNATURE Gertrude J. Fleischmann M. D. ADDRESS Spring Grove DATE SIGNED 8-12-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) 8/15/55 DATE THEREOF 8/15/55 NAME OF CEMETERY OR CREMATORY Family Plot LOCATION (City, town, or county) (State) Frostburg Md

DATE REC'D BY LOCAL REGISTRAR 8-13-55 REGISTRAR'S SIGNATURE D E Haney

24. FUNERAL DIRECTOR Hafer Funeral Home ADDRESS Frostburg,

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7511

CERTIFICATE OF DEATH

07505

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FORT HOWARD
LENGTH OF STAY (in this place) 24 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE (4)
STREET ADDRESS (If rural give location) 8327 HILLENDALE ROAD

3. NAME OF DECEASED: (Type or Print) (First) CLARENCE (Middle) H. (Last) REYNOLDS

4. DATE OF DEATH: (Month) AUGUST (Day) 6, (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED

8. DATE OF BIRTH: 1-25-84

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months Days. IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ELECTRICIAN

10B. KIND OF BUSINESS OR INDUSTRY: B.&O. RAILROAD

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: RICHARD T. REYNOLDS

14. MOTHER'S MAIDEN NAME: CATHERINE M. JOHNSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 701-03-5073

17. INFORMANT & ADDRESS: CLIN.REC.VET.ADM.HOSP.,FT.HOWARD,MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
IMMEDIATE CAUSE (A) CORONARY THROMBOSIS
ANTECEDENT CAUSE (S) DUE TO ARTERIOSCLEROSIS — SUDDEN
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. THORACOTOMY & RESECTION ESOPHAGEAL DIVERTICULUM 2 DYS.

19A. DATE OF OPERATION: 8-4-55

19B. MAJOR FINDINGS OF OPERATION: THORACOTOMY & RESECTION ESOPHAGEAL DIVERTICULUM

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from JULY 13, 1955, to AUG. 6., 1955, [redacted] and that death occurred at 4:15 A.M. from the causes and on the date stated above.

SIGNATURE WILLIAM B. VANDEGRIFT, M.D. ADDRESS M D. VAH, FORT HOWARD, MARYLAND DATE SIGNED 8-6-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF AUG. 9, 1955 — NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL CEM. — LOCATION (City, town, or county) BALTIMORE, MARYLAND (State)

DATE REC'D BY LOCAL REGISTRAR 8-9-55 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR AND ADDRESS: WM.COOK-BLIGHT, INC. FUNERAL HOME 6009 HARFORD ROAD, BALTIMORE 14, MD.

MARYLAND STATE DEPARTMENT OF HEALTH

07506

7512

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

VS. A15

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Notch Cliff near Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Villa Maria Glenarm Rd

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Notch Cliff near Towson
STREET ADDRESS (If rural, give location) Glenarm Rd

3. NAME OF DECEASED (Type or Print) (First) Sister (Middle) Mary Jacobin (Last) Ries

4. DATE OF DEATH (Month) August (Day) 5 (Year) 1955

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH May 19 1864

9. AGE last birthday 91 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Charles Ries

14. MOTHER'S MAIDEN NAME Catherine Weimar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Sr. M. Clara Notch Cliff, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia — Interval between onset and death: 5 days

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis — Interval between onset and death: 10 yrs

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1952, to Aug. 5, 1955, that I last saw the deceased alive on Aug. 3, 1955, and that death occurred at 1.00 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles F. Donnelly MD 7501 York Rd 8/5/55.

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL

DATE THEREOF 8-9-55.

NAME OF CEMETERY OR CREMATORY VILLA MARIA CEM.

LOCATION (City, town, or county) (State) NOTCH CLIFF NR Towson

DATE REC'D BY LOCAL REG. BURIAL P.9-55

REGISTRAR'S SIGNATURE D. W. Hedrick

FUNERAL DIRECTOR Charles S. Giles ADDRESS 901 S. Conkling St. Balto., 14, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07503

7513 **CERTIFICATE OF DEATH** Reg. Dist. No. 3

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Cockeysville; LENGTH OF STAY (in this place) 20 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS York Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville X; STREET ADDRESS (If rural give location) York Rd.

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Pleasant (Last) Riley

4. DATE OF DEATH: (Month) 8- (Day) 13- (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: 6-16-1884

9. AGE last birthday 71 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer

10B. KIND OF BUSINESS OR INDUSTRY: Balto. Co. Highway

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Riley

14. MOTHER'S MAIDEN NAME: Mary Jane ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: George H. Riley, Cockeysville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

2 FIX

IMMEDIATE CAUSE (A) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSE (S) DUE TO (B) Cerebral Thrombosis — 7 days

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Parkinson's Disease ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 31, 1955, to Aug 13, 1955, that I last saw the deceased alive on Aug 12, 1955, and that death occurred at 11:45 A.M., from the causes and on the date stated above.

SIGNATURE Burnett A. Olsen ADDRESS Cockeysville M. D. DATE SIGNED 8-13-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 8-16-55 — NAME OF CEMETERY OR CREMATORY Jesspps Methodist — LOCATION (City, town, or county) (State) Sparks, Balto. Co. Md.

DATE REC'D BY LOCAL REGISTRAR 8/14/55 — REGISTRAR'S SIGNATURE Wm. J. Chilcoat

24. FUNERAL DIRECTOR ADDRESS Brooks Funeral Service, Sparks, Md.

I Scott Brooks

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07508

7514

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Ft. Howard
MARYLAND LENGTH OF STAY (in this place) 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pasadena
STREET ADDRESS (If rural give location) 18 Sanders Road

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) H. (Last) RITTER

4. DATE OF DEATH: (Month) August (Day) 20, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 9-26-91

9. AGE Last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10B. KIND OF BUSINESS OR INDUSTRY: Fertilizer Business

11. BIRTHPLACE (State or foreign country): Staunton, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James W. Ritter

14. MOTHER'S MAIDEN NAME: Josephine Bailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-1

16. SOCIAL SECURITY NO. 213-01-6878

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 162X

(A) ADENOCARCINOMA, LEFT LUNG WITH METASTASIS TO BONE

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF any, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: APPROX. 8 MONTHS

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from July 30, 1955, to Aug. 20, 1955, and that death occurred at 8:20 PM, from the causes and on the date stated above.

SIGNATURE AND TITLE OF CERTIFYING PHYSICIAN: [illegible] M. D.

ADDRESS: M. O. VAH, FORT HOWARD, MD.

DATE SIGNED: 8/21/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 8-24-55

NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery

LOCATION (City, town, or county) (State): Baltimore, 14, Maryland

DATE REC'D BY LOCAL REGISTRAR:

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR AND ADDRESS: Ullrich Funeral Home 2112 Dundalk Ave., Baltimore 22, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07509

7515 **CERTIFICATE OF DEATH** Reg. Dist. No. 30

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Ellicott City (rural)
LENGTH OF STAY (in this place) 64 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS River Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City (rural) X
STREET ADDRESS (If rural give location) River Road

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) JESSE WARNER RUFF Sr.

4. DATE OF DEATH: (Month) (Day) (Year) Aug. 20, 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: June 6, 1891

9. AGE last birthday 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10B. KIND OF BUSINESS OR INDUSTRY: Self employed

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13 FATHER'S NAME: George E. Ruff

14. MOTHER'S MAIDEN NAME: Mary E. Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 218-14-6216

17. INFORMANT & ADDRESS: Mrs. Mary E. Ruff River Road Ellicott City, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C) Arteriosclerosis, generalized — Unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-19, 1955, to 8-20, 1955, that I last saw the deceased alive on 8-20, 1955, and that death occurred at 10:50 A.M. from the causes and on the date stated above.

SIGNATURE Stephen Lee Mapness M.D. ADDRESS Catonsville 28 Md DATE SIGNED 8-22-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 8/23/55 — NAME OF CEMETERY OR CREMATORY Good Shepherd Cemetery — LOCATION (City, town, or county) (State) Ellicott City, Md.

DATE REC'D BY LOCAL REGISTRAR 8/22/55 — REGISTRAR'S SIGNATURE D. E. Harry

24. FUNERAL DIRECTOR Easton Sons ADDRESS Catonsville, Md.

07510

MARYLAND

STATE DEPARTMETT OF HEALTH

7516

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Owings Mills
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Gwynbrook Ave.
MARYLAND
LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills X
STREET ADDRESS (If rural, give location) Gwynbrook Ave. 1

3. NAME OF DECEASED (Type or Print): (First) Beulah (Middle) E. (Last) Rutter

4. DATE OF DEATH: (Month) Aug. (Day) 29 (Year) 1955

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 27, 1887

9. AGE last birthday: 68 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Baltimore Co.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles E. Marshall

14. MOTHER'S MAIDEN NAME: Sarah E. Disney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Clifton Rutter, Owings Mills, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

578X

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: few minutes

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Virus infection of Gastro intestinal tract — 3 days

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION ✓

19b. MAJOR FINDINGS OF OPERATION ✓

20. AUTOPSY? Yes ☐ No ☐ ✓

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ✓

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY ✓

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. ✓

INJURY OCCURRED While at Work ☐ Not While At work ☐ ✓

HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from 7-1- 19 50, to 8-29- 19 55, that I last saw the deceased alive on 8-28-55 19 and that death occurred at 2 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm L. Sadtler M.D. ADDRESS Reisterstown Md DATE SIGNED 8-29-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Aug. 31, 1955

NAME OF CEMETERY OR CREMATORY: Druid Ridge

LOCATION (City, town, or county) (State): Pikesville, Maryland

DATE REC'D BY LOCAL REG. 8-30-55

REGISTRAR'S SIGNATURE: Mary B. Eline

24. FUNERAL DIRECTOR: J.F. Eline & Son's ADDRESS: Reisterstown, Md.

ORGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

07511

74 13

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK (22) | LENGTH OF STAY (In this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6743 HOLABIRD AVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK (22)
STREET ADDRESS (If rural, give location) 6743 HOLABIRD AVE.

3. NAME OF DECEASED (Type or Print): (First) STANLEY (Middle) JOSEPH (Last) SABOY
4. DATE OF DEATH: (Month) AUG. (Day) 17, (Year) 19 55

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH: 5 DEC. 1927
9. AGE last birthday: 27 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S. NAVY + MERCHANT MARINE
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): BALTIMORE, MD
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOSEPH J. SABOY
14. MOTHER'S MAIDEN NAME: CATHERINE S. WIAUBACH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW II.
16. SOCIAL SECURITY NO.: 218-22-9194
17. INFORMANT AND ADDRESS: C.S. WIAUDICH - MOTHER - SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.

Immediate cause (a) Self-Inflicted Multiple Lacerations — Interval Between Onset and Death: 0 ft

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) The Neck - Arms + Abdomen —

(c)

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home | (CITY OR TOWN) Dundalk (COUNTY) Balto (STATE) Md.

TIME OF INJURY (Month) 8 (Day) 17 (Year) 55 (Hour) 7 m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? Self Inflicted Wound c Razor Blade

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE J. J. Edwards M.D. (Degree or title) Asst. Med. Exam. ADDRESS Dundalk-Md DATE SIGNED 8/17/55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF Aug. 19, 1955 | NAME OF CEMETERY OR CREMATORY Balto. National Cem. | LOCATION (City, town, or county) Balto (State) Md.

DATE REC'D BY LOCAL REG. Aug 17-1955 | REGISTRAR'S SIGNATURE William M. Kelly | 24. FUNERAL DIRECTOR [illegible] Funeral Home, Dundalk, Md. | ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07512

7517

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville; LENGTH OF STAY (in this place) MARYLAND 7yr. 1mo 22days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore; STREET ADDRESS (If rural give location) 4017 Norfolk Avenue

3. NAME OF DECEASED: (First) Ethel (Middle) (Last) Sapero

4. DATE OF DEATH: (Month) 8- (Day) 23 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 3 13 1899

9. AGE last birthday IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.: 56 yrs.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stenographer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Nathan Miller

14. MOTHER'S MAIDEN NAME: Lena Caplan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Michael Miller 3300 Powhatan Ave

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE: 44.2X

(A) Pneumonia

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Hypertensive Cardiovascular Disease

DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Organic Brain Syndrome

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 16th, 1955, to Aug 23rd 1955, that I last saw the deceased alive on 8.23.55, 19 ...., and that death occurred at 5.30 P M, from the causes and on the date stated above.

SIGNATURE Lena Bacher M. D. ADDRESS DATE SIGNED 8/23/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Aug 25/55

NAME OF CEMETERY OR CREMATORY Beth Tfiloh Cemetery

LOCATION (City, town, or county) (State) Balto, Md.

DATE RECD BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Sol Levinson & Bros Inc. ADDRESS Balto, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07513

7518

CERTIFICATE OF DEATH

Reg. Dist. No. 38

The

THIS IS A PERMANENT RECORD.
PLEASE TYPE, OR WRITE WITH PERMANENT BLACK OR BLUE-BLACK INK—DO NOT USE A BALL POINT PEN.
Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.
THIS CERTIFICATE MUST BE FILED WITH THE BUREAU OF VITAL RECORDS WITHIN THREE (3) DAYS AFTER DEATH.

1. NAME OF DECEASED (Type or Print): MRS OCTAVIA KELLUM SCALES
2. DATE OF DEATH: 8/27/55

3. PLACE OF DEATH:
A. Baltimore City, Maryland 2450 ELLIS RD
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): X
c. Length of stay in Baltimore: Yrs. 00 Mos. Days 40

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: BALTIMORE
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE COUNTY X
D. STREET ADDRESS (If rural, give location): 2450 ELLIS Rd - 14

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH: APRIL 16 1888
9. AGE (In years last birthday): 67
If Under 1 Year: Months / Days
If under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY: HOUSEWIFE
11. BIRTHPLACE (State or foreign country): NEW BERN N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JAMES KELLUM
14. MOTHER'S MAIDEN NAME: ELIZABETH BALL

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: DAUGHTER — ADDRESS: SAME

M.L. CERTIFICATION

18. 170X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Breast — INTERVAL BETWEEN ONSET AND DEATH: 1 Yr
DUE TO: C Skeletal Metastasis
(B) Pyelonephritis, Anemia
DUE TO
(C) Arteriosclerosis

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II
19A. DATE OF OPERATION
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20. AUTOPSY? YES ☐ NO ☒

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from AUG 15 19 55 to AUG 27 19 55, that (I) (we) last saw the deceased alive on AUG 15 19 55, and that death occurred at 3:10 P.M., from the causes and on the date stated above.

23A. SIGNATURE: Donald N. Mintz — ATTENDING PHYS. ☒ MED. DIRECTOR ☐ M.D. STAFF PHYS. ☐
23B. ADDRESS: 2301 Eutaw Ave Balto
23C. DATE SIGNED: 8/27/55

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 8/28/55
24C. NAME OF CEMETERY OR CREMATORY: NEW BERN
24D. LOCATION (City, town, or county) (State): NORTH CAROLINA

DATE RECEIVED BY LOCAL REGISTRAR: 8/29/55
REGISTRAR'S SIGNATURE: Elsie M. Bacon
25. FUNERAL DIRECTOR — ADDRESS: William J. Jackson & Sons

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07515

7519 CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH.
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 55 Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 70 Mercy Villa

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington D.C
STREET ADDRESS (If rural give location) 1451 Park Rd. 4 1/2

3. NAME OF DECEASED (Type or Print): First: Catherine (Middle): J. (Last): Schermerhorn

4. DATE OF DEATH: (Month) 8 (Day) 21 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):

8. DATE OF BIRTH: Aug. 12 1868

9. AGE last birthday: 87 yrs | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired.

10B. KIND OF BUSINESS OR INDUSTRY: Govt Employee

11. BIRTHPLACE (State or foreign country): Washington DC

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Schermerhorn

14. MOTHER'S MAIDEN NAME: Catherine Dougherty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Miss Aileen Callaghan 2700 Conn. Ave Wash. D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Cerebral Hemorrhage

ANTECEDENT CAUSE (S): DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerosis DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1955 to Aug, 1955 that I last saw the deceased alive on 8/19/, 1955, and that death occurred at 6 AM. from the causes and on the date stated above.

SIGNATURE M. K. Quinn M.D. ADDRESS Timonium DATE SIGNED 8/21/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF 8/23/55 | NAME OF CEMETERY OR CREMATORY: Mt. Olivet | LOCATION (City, town, or county) (State): Washington D.C

DATE REC'D BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Wm J Penner & Sons ADDRESS: Park Ave Baltimore Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07516

7520

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pikesville Md
LENGTH OF STAY (In this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3 v 31-4
STREET ADDRESS (If rural give location) 436 N. Linwood Ave

3. NAME OF DECEASED: (Type or Print) (First) Magdalena (Middle) (Last) Schmuck

4. DATE OF DEATH: (Month) Aug (Day) 1 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow

8. DATE OF BIRTH: Jan. 10 - 1884

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months 8 Days + IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housemaid

10B. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Geo. Finck

14. MOTHER'S MAIDEN NAME: Catherine Garhold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS Laura M. Schroeder

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

423.1

IMMEDIATE CAUSE (A) Cardio Vascular Disease DUE TO

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerotic DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 8 days ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/ , 1953 to Aug. , 1955 that I last saw the deceased alive on July 31, 1955, and that death occurred at 8-3 A.M., from the causes and on the date stated above.

SIGNATURE [illegible] M. D. ADDRESS Pikesville Md DATE SIGNED 8/1/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF 8/3/55 NAME OF CEMETERY OR CREMATORY Baltimore Cemetery LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REGISTRAR 8/1/55 REGISTRAR'S SIGNATURE Laura M. Schroeder

24. FUNERAL DIRECTOR ADDRESS Harr. Cook, St Paul & Preston

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7521

CERTIFICATE OF DEATH

07517 Reg. Dist. No. 3

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Larchmont
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2401 Birch Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Larchmont
STREET ADDRESS (If rural give location) 2401 Birch Road

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) Jennie M. Shaffer

4. DATE OF DEATH: (Month) (Day) (Year) August 3, 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: November 4, 1876
9. AGE last birthday: 78 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Waynesboro, Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Wesley Phillips
14. MOTHER'S MAIDEN NAME: Elizabeth Smith

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO None
17. INFORMANT & ADDRESS: Silver Spring, Maryland Mr. John W. Shaffer, 2500 Ennalls Ave.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

180X
IMMEDIATE CAUSE (A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Hypernephroma, left with Metastases — 6 months
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: April 1955
19B. MAJOR FINDINGS OF OPERATION (Maryland General Hospital) Hypernephroma, left with generalized metastases
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. ..., 1954, to Aug. ..., 1955, that I last saw the deceased alive on August 1, 1955, and that death occurred at 10.15 P.M., from the causes and on the date stated above.

SIGNATURE Millard T. Trabold M.D. — ADDRESS 5101 Gwynn Oak Ave. Balt. 7 — DATE SIGNED 8/3/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF August 5, 1955
NAME OF CEMETERY OR CREMATORY Graceland Cemetery
LOCATION (City, town, or county) (State) Nes Castle, Pennsylvania

DATE REC'D BY LOCAL REGISTRAR 8-5-55
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR — ADDRESS Wm J. Tickner & Sons, Balto. 17, Md.

7522

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS 3

07518

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age, especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Govans
LENGTH OF STAY (in this place) 55 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 435 Schwaltz Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Govans X
STREET ADDRESS (If rural, give location) 435 Schwaltz Ave.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) E. (Last) Skinner

4. DATE OF DEATH: (Month) August (Day) 13 (Year) 1955

5. SEX: male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Jan. 1, 1892

9. AGE last birthday: 63 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffeur

10b. KIND OF BUSINESS OR INDUSTRY: Pvt. family

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wallis F. Skinner

14. MOTHER'S MAIDEN NAME: Lavinia Hopkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT'S NAME AND ADDRESS: Mrs. E. Skinner, 435 Schwaltz Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 420.1 Coronary Occlusion — Interval between onset and death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ✓, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Charles F. O'Donnell MD | 7501 York Rd. Towson 4 Md | 8/13/55

BURIAL, CREMATION OR REMOVAL (Specify) Burial | DATE THEREOF Aug. 16, 1955 | NAME OF CEMETERY OR CREMATORY Mt. Auburn | LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 8-15-55 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR AND ADDRESS Edward Turnbull 1631 Druid Hill Ave.

VS AIBA

7523

07519 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 32

Items 1)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place) App. 29 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore 3V01-4
STREET ADDRESS (If rural, give location) 5408 Garland Avenue

3. NAME OF DECEASED: (First) Anna (Middle) M. (Last) Smith
4. DATE OF DEATH (Month) 8- (Day) 28 - (Year) 19 55
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 8-2-1892
9. AGE Last birthday: 63 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: ~~Unknown~~ Michael J. Kalista
14. MOTHER'S MAIDEN NAME: ~~Unknown~~ Anna M. Holub
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mr. August Smith, 5408 Gerland Ave #6

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause 904.7 (a) ~~PENDING~~ Subdural hemorrhage — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) laceration of the brain — DUE TO (c) fall in syncope

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) 8-23-55 (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR? Fell on floor striking her head, appeared to have a fainting spell.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☒, and find that death resulted from: Natural causes ☐ Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☒.

SIGNATURE Ivor McKeffer M. D. 1010 Leadenhall
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 8-29-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Aug. 31, 1955
NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 8-30-55
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck, 5305 Harford Road #14

VS. A15A - 5 - 53

07520

MARYLAND 7524

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Baltimore
LENGTH OF STAY (In this place) 3 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 College Spring

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Clark
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berryville
STREET ADDRESS (If rural, give location) 53 X-3 ✓

3. NAME OF DECEASED (Type or Print): (First) Helen (Middle) Leverworth (Last) Smith
4. DATE OF DEATH: (Month) 8 (Day) 29 (Year) 1955

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 6-14-1874
9. AGE last birthday 81 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Petersburg, Va.
12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME Fredrick Teadoby Leverworth
14. MOTHER'S MAIDEN NAME Elazia Clemontina Lawrence

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Myocardial infarction — 3 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteric sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 26, 1955, to 29 Aug., 1955, that I last saw the deceased alive on 28 Aug., 1955, and that death occurred at 5:35 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Ernest C. Brown M.D 1101 N. Calvert St. Balt-2 Md 29 Aug 55

23. BURIAL, CREMATION, REMOVAL (Specify) DATE NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)
Burial Sept. 1, 55 Evergreen Berryville Va.

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE
Aug. 31, 1955 Anna R. MacRae

24. FUNERAL DIRECTOR ADDRESS
C. J. Enders Berryville, Va

ORIGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07521

7525

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (In this place) 1mo. 9days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 412 South Payson Street

3. NAME OF DECEASED: (Type or Print) (First) Hannah (Middle) Liebold (Last) Snyder

4. DATE OF DEATH: (Month) (Day) (Year) August 24, 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 1-27-1883

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Paul Liebold

14. MOTHER'S MAIDEN NAME: Annie Liebold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary thrombosis

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerotic heart disease DUE TO

(C) Diabetes Mellitus

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-15- , 1955, to 8-24- , 1955, that I last saw the deceased alive on 8-24- , 1955, and that death occurred at 2:10 PM, from the causes and on the date stated above.

SIGNATURE Stella Wachsler

M. D. ADDRESS Spring Grove State Hospital Catonsville 28, Maryland

DATE SIGNED 8-24-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF August 27/55

NAME OF CEMETERY OR CREMATORY Mount Olivet

LOCATION (City, town, or county) Baltimore Md (State)

DATE REC'D BY LOCAL REGISTRAR 8/26/55

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR George D. Schwab

ADDRESS 101 Fredrick Ave

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH

7526

2411 N. Charles Street, Baltimore

07522

CERTIFICATE OF DEATH

Reg. Dist. No. 30

Item 12, Film G185, 8-24-55 bh

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS House in the pines 16 Fusting Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 115 Fairfield Dr.

3. NAME OF DECEASED (Type or Print): (First) Ferdinand (Middle) V. (Last) Spillner

4. DATE OF DEATH: (Month) Aug. (Day) 4 (Year) 55

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Oct. 21, 1878

9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Policeman

10b. KIND OF BUSINESS OR INDUSTRY: Balto. City

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Johanna E. Sapp, 115 Fairfield Dr. Catonsville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 45 Mi

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cardio-Vascular Disease & Hypertension — 10 Years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bronchitis — 10 Years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/22, 19 53, to 8/4, 19 55, that I last saw the deceased alive on 7/23, 19 55, and that death occurred at 1030A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Eliot W. Johnson MD 3432 Greenmount ave 8/4/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug. 8/55 — NAME OF CEMETERY OR CREMATORY: Loudon Pk. — LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG. 8-8-55 — REGISTRAR'S SIGNATURE: C. E. Harvey

24. FUNERAL DIRECTOR ADDRESS: Harry A. Weitze, 4101 Edmondson ave.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND 7527

07523

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 38

Item 2, FilmG185 8-15-55 et

1. PLACE OF DEATH
COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (In this place) 3 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Mercy Villa-Belonaag

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MD. COUNTY Harf.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Aberdeen P.O. R.F.D. 2
STREET ADDRESS (If rural, give location) Kirkwey Villa Roland Ave.

3. NAME OF DECEASED (Type or Print): (First) ANNA (Middle) E. (Last) SPRAKER

4. DATE OF DEATH: (Month) 8 (Day) 4 (Year) 19 55

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: JULY 4, 1876

9. AGE last birthday: 79 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JOHN WETZLER

14. MOTHER'S MAIDEN NAME: THERESIA DUMLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Rev. Gerard Straker - Owensville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cancer of Liver, Metastatic.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 5 mos

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While at Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 3, 1952, to Aug 4, 1955, that I last saw the deceased alive on Aug 4, 1955, and that death occurred at 10 45 (Degree or time) a.m. from the causes and on the date stated above.

SIGNATURE William L. Helfrich M.D. ADDRESS 5006 Roland Av, Balto 10 DATE SIGNED Aug 6 55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE 8-8-55 — NAME OF CEMETERY OR CREMATORY Cathedral Cem. — LOCATION (City, town, or county) Balto. (State) Md.

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Turley Funeral Home - Owensville, Md. ADDRESS

RGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07524

7523 CERTIFICATE OF DEATH Reg. Dist. No. 39

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Phoenix, Rural
LENGTH OF STAY (in this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Paper Mill Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Phoenix, Rural
STREET ADDRESS (If rural give location) Paper Mill Rd.

3. NAME OF DECEASED: (First) Etta (Middle) May (Last) Stevens
4. DATE OF DEATH: (Month) 8 (Day) 14 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	widow	12-9-1874	80 yrs yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	home	New York	U.S.A.

13. FATHER'S NAME: Wm. Benedict
14. MOTHER'S MAIDEN NAME: Elizabeth Goodell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
NO		none	Mrs. Maude E. Meyer, Phoenix, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pulmonary Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Instant.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Bilateral Pulmonary Tbc. — ?

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950, 19 , to 8-14-, 1955 that I last saw the deceased alive on 8-14-, 1955 and that death occurred at 6 P M, from the causes and on the date stated above.

SIGNATURE Robert A Hurie M. D. ADDRESS 3105 N. Charles St. DATE SIGNED 8-14-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-17-55	Vale Cemetery	Schenectady, New York

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/15/55	M. Elizabeth Bonnell	Brooks Funeral Service, Sparks, Md.	

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 MARGIN RESERVED FOR BINDING

V. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07525

7529

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1 PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN X Cockeysville
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cuff Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton X
STREET ADDRESS (If rural give location) Yard Road 1

3. NAME OF DECEASED: (Type or Print) (First) Bertha (Middle) Roseanna (Last) Stiffler

4. DATE OF DEATH (Month) Aug. (Day) 3 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: Sept. 10, 1871
9. AGE last birthday: 83 yrs | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Phillip Steven Cress
14. MOTHER'S MAIDEN NAME: Emma (Emily) B. Hayes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Miss Emily Stiffler, Parkton Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X
IMMEDIATE CAUSE (A) Cerebral hemorrhage — 7 days
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) arteriosclerosis
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1955, to Aug. 3, 1955, that I last saw the deceased alive on Aug 3, 1955, and that death occurred at 11:30 A.M. from the causes and on the date stated above.
SIGNATURE Clifford L. Shirell M.D. ADDRESS Cockeysville, Md. DATE SIGNED 8/3/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial. DATE THEREOF Aug. 5 1955. NAME OF CEMETERY OR CREMATORY Pine Grove Cemetery. LOCATION (City, town, or county) (State) Parkton Balto. Co. Md.
DATE REC'D BY LOCAL REGISTRAR Aug 4 1955. REGISTRAR'S SIGNATURE Charles L. Fraelore
24. FUNERAL DIRECTOR Jacob Hartenstein ADDRESS New Freedom, Pa.

07526

MARYLAND STATE DEPARTMENT OF HEALTH

7530

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

USE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age (especially important). Physicians: please write the causes of death clearly and legibly.

VS. AI-A

1. PLACE OF DEATH: COUNTY BALTIMORE — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TIMONIUM — LENGTH OF STAY (in this place) 11 yrs. — HOSPITAL OR INSTITUTION OR STREET ADDRESS 1 CROWTHER AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. — COUNTY BALTO. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TIMONIUM — STREET ADDRESS (If rural, give location) 1 CROWTHER AVE.

3. NAME OF DECEASED (Type or Print): (First) FRANK (Middle) ELISHA (Last) STRITTMATTER

4. DATE OF DEATH: (Month) AUG. (Day) 28 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 6-16-14

9. AGE last birthday: 41 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TOOL MAKER

10b. KIND OF BUSINESS OR INDUSTRY: GLENN L. MARTIN

11. BIRTHPLACE (State or foreign country): PA.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: 211-10-7436

17. INFORMANT AND ADDRESS: WIFE, SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) MYOCARDIAL INFARCTION — Interval Between Onset and Death: 3 HRS.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22 *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE: William A. Pillsbury (Degree or title) M.D. ADDRESS: Timonium DATE SIGNED: 8/28/55

BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 8-31-55 | NAME OF CEMETERY OR CREMATORY: Negley Cradel | LOCATION (City, town, or county) (State): Monkton, Balto Co. Md.

DATE REC'D BY LOCAL REG.: 8/30/55 | REGISTRAR'S SIGNATURE: Wm. J. Chilcoat | 24. FUNERAL DIRECTOR ADDRESS: Brodie Funeral Service, Sparks, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07527

7531

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ■■ is ■specially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Mount Wilson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 02 Mt Wilson State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X
STREET ADDRESS (If rural give location) 1240 Hilldale Avenue 6

3. NAME OF DECEASED: (Type or Print) (First) CASPER (Middle) CHRISTOPHER (Last) THOMAS

4. DATE OF DEATH: (Month) 8 (Day) 27 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): WIDOWED

8. DATE OF BIRTH: 5-19-1884

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BRASS MOLDER

10B. KIND OF BUSINESS OR INDUSTRY: Brass works

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Thomas

14. MOTHER'S MAIDEN NAME: Mary Agnes Leitze

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 217-26-0815

17. INFORMANT & ADDRESS: Mt. Wilson State Hosp. Hospital Records, Mt. Wilson, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

0002X

IMMEDIATE CAUSE (A) FAR ADVANCED PULMONARY TUBERCULOSIS

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. UREMIA

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-2-, 1955, to 8-26-, 1955, that I last saw the deceased alive on 8-26-, 1955, and that death occurred at 6-20 AM, from the causes and on the date stated above.

SIGNATURE William Mercomer M D. ADDRESS Mt Wilson State Hospital Mt Wilson Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DATE THEREOF AUG. 30, 1955

NAME OF CEMETERY OR CREMATORY PARKWOOD CEMETERY

LOCATION (City, town, or county) (State) BALTIMORE MARYLAND.

DATE REC'D BY LOCAL REGISTRAR 9-5-55

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR HENRY SANDER & SONS INC ADDRESS BALTIMORE MARYLAND.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07528

7532 CERTIFICATE OF DEATH Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville; LENGTH OF STAY (in this place) 5 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore; STREET ADDRESS (If rural, give location) Box 226 Route 15 Middle River (20)

3. NAME OF DECEASED: (First) Frank (Middle) (Last) Utikal

4. DATE OF DEATH (Month) (Day) (Year) August 5, 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: Unknown

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY? Unknown

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 420.0 (A) Cerebrovascular accident

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerotic heart disease — Years

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-1- , 1955 to 8-5- , 1955 that I last saw the deceased alive on 8-5- , 1955, and that death occurred at 1 P. M, from the causes and on the date stated above.

SIGNATURE S. Wachsler M.D. ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 8-5-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF 8-8-1955; NAME OF CEMETERY OR CREMATORY Druid Ridge; LOCATION (City, town, or county) Pikesville, (State) Md.

DATE REC'D BY LOCAL REGISTRAR; REGISTRAR'S SIGNATURE; 24. FUNERAL DIRECTOR G. Howard Strong ADDRESS 3207 W. North Ave.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07529

7533

CERTIFICATE OF DEATH

Reg. Dist. No. ....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
LENGTH OF STAY (in this place) 54
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River 54
STREET ADDRESS (If rural give location) 1135 Orems Road /

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) CAROLINE (CARRIE) VIESEHON

4. DATE OF DEATH: (Month) August (Day) 10 (Year) 19 55

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: October 4, 1875

9. AGE last birthday: 79 yrs.

IF UNDER 1 YEAR: Months Days

IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Lewis

14. MOTHER'S MAIDEN NAME: Anna Leary

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: St. Andrew's Convent Sister Clarinda, SSND, 727 N. Washington St.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause 420.1	(a) Acute pulmonary edema	10 MINS
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO	(b) Coron. artery disease	several yrs
DUE TO	(c) Myocardial fibrosis, hypertrophy	several yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1955, to Aug 10, 1955, that I last saw the deceased alive on Aug 8, 1955, and that death occurred at 8/10/55 10:00 P.M., from the causes and on the date stated above.

SIGNATURE J. Clatt MD (Degree or title) ADDRESS 434 Eastern Ave Easton Md DATE SIGNED 8/12/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Aug. 13, 1955

NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery

LOCATION (City, town, or county) Baltimore, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 8-12-55

REGISTRAR'S SIGNATURE C. M. St. Edmunds

24. FUNERAL DIRECTOR Schimunek Funeral Home, Inc.

ADDRESS 2601-3-5 E. Madison St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07530

7534 CERTIFICATE OF DEATH Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X FORT HOWARD
LENGTH OF STAY (in this place) 200 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural give location) 866 W. BALTIMORE ST.

3. NAME OF DECEASED: (Type or Print) (First) FREDERICK (Middle) W. (Last) VOLTZ

4. DATE OF DEATH: (Month) AUGUST (Day) 13 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): SINGLE

8. DATE OF BIRTH: 9/8/97

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PLUMBER

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): BALTIMORE MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: FREDERICK W. VOLTZ

14. MOTHER'S MAIDEN NAME: KATHERINE SMALLWOOD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW-II

16. SOCIAL SECURITY NO. 215 14 4299

17. INFORMANT & ADDRESS: CLIN.REC.VET.ADM.HOSP., FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1617
IMMEDIATE CAUSE (A) CARCINOMA, LARYNX — INTERVAL BETWEEN ONSET AND DEATH: 17 Months

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF any, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(1002) (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. PULMONARY TUBERCULOSIS

19A. DATE OF OPERATION: 3/7/55

19B. MAJOR FINDINGS OF OPERATION: EXCISION OF TISSUE FROM LEFT CERVICAL MASS FOR BIOPSY.

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from JAN. 25, 1955, to AUG. 13, 1955, that I last saw the deceased on [illegible], and that death occurred at 12:05 M., from the causes and on the date stated above.

SIGNATURE Joseph A. Baranowski M.D. ADDRESS VAH, FORT HOWARD, MD. DATE SIGNED 8/13/55

JOSEPH A. BARANOWSKI, M.D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF AUG. 16, 1955 — NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL — LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR WM. COOK & BLIGHT FUNERAL HOME — ADDRESS 6009 HARFORD RD. BALTIMORE, MD.

7535 MARYLAND STATE DEPARTMENT OF HEALTH 07531

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville, Md — LENGTH OF STAY (in this place):
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Ridgeway Manor Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 3 Vol-2
   STREET ADDRESS (If rural, give location): 1103 W. Baltimore St

3. NAME OF DECEASED (Type or Print): (First) Louis (Middle) (Last) Vrubble

4. DATE OF DEATH: (Month) August (Day) 5 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct 7, 1884

9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tailor

10b. KIND OF BUSINESS OR INDUSTRY: Shop

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Morris Vrubble

14. MOTHER'S MAIDEN NAME: Ella ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 212-01-3584

17. INFORMANT: Albert Schlecter - 3813 W. Cold Spring Lane

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

15 ix

Immediate cause (a) Carcinoma of Urinary Bladder — Interval Between Onset and Death: About 1 year

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1955, to Aug 4, 1955, that I last saw the deceased alive on Aug 4, 1955, and that death occurred at 7.30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Harry Glassman — ADDRESS: 2687 Madison Ave — DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug 7 55 — NAME OF CEMETERY OR CREMATORY: Hebrew Friendship — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: AUG 7 1955 — REGISTRAR'S SIGNATURE: Victor A. Harry

24. FUNERAL DIRECTOR: Sol Levinson & Bros. Inc — ADDRESS: 1124-26 W North Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07532

Item 16 Film6186 9-16-55 et

7536

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH

COUNTY BALTIMORE — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X FORT HOWARD

LENGTH OF STAY (in this place) 125 DAYS

HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY .....

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE 3 W C 1 4

STREET ADDRESS (If rural give location) 790 W. SARATOGA STREET

3. NAME OF DECEASED. (Type or Print) First: VINCENT (Middle): (NMI) (Last): WATERS

4. DATE OF DEATH. (Month) AUGUST (Day) 17 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) WIDOWED

8. DATE OF BIRTH: 7-13-97

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months ... Days ... IF UNDER 24 HRS.: Hours ... Min. ...

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): WELDER

10B. KIND OF BUSINESS OR INDUSTRY: STEEL COMPANY

11. BIRTHPLACE (State or foreign country): NEW YORK CITY, NEW YORK

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: ROBERT WATERS

14. MOTHER'S MAIDEN NAME: ZELIA MN: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 217-01-6345

17. INFORMANT & ADDRESS: CLIN.REC., VET.ADM.HOSP., FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1 X IMMEDIATE CAUSE (A) CARCINOMA OF BLADDER WITH METASTASIS — INTERVAL BETWEEN ONSET AND DEATH: 13 MONTHS

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg. etc)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from APRIL 14, 1955, to AUG. 17, 1955, and that death occurred at 2:45P M, from the causes and on the date stated above.

SIGNATURE Joseph M. Miller — ADDRESS JOSEPH M. MILLER, M.D., CHIEF, SURGICAL SERVICE D. VAH, FORT HOWARD, MD. — DATE SIGNED 8/19/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 8/22/55 — NAME OF CEMETERY OR CREMATORY: BALTIMORE NATIONAL — LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: CHARLES R. LAW MORTUARY — ADDRESS: 802-04 MADISON AVE. BALTO. MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07533

CERTIFICATE OF DEATH

7537 Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY BALTIMORE; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD; MARYLAND; LENGTH OF STAY (In this place) 9 DAYS; HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE 3Vol-4; STREET ADDRESS (If rural give location) 1839 KAVANAUGH STREET

3. NAME OF DECEASED: (Type or Print) (First) EARL (Middle) (Last) WATTS

4. DATE OF DEATH: (Month) AUGUST (Day) 24 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED

8. DATE OF BIRTH: 3-28-03

9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER

10B. KIND OF BUSINESS OR INDUSTRY: FRUITS & VEGETABLES

11. BIRTHPLACE (State or foreign country): HARMANS, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: ERNEST WATTS

14. MOTHER'S MAIDEN NAME: CARRIE LEE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) YES (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. 218-07-8271

17. INFORMANT & ADDRESS: CLIN.REC., VET.ADM.HOSP., FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

44 ✓X

IMMEDIATE CAUSE (A) HYPERTENSIVE CARDIOVASCULAR DISEASE — UNKNOWN

ANTECEDENT CAUSE (S): DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C) (1) OTHER CONDITIONS: ARTERIOLARSCLEROTIC NEPHRITIS — UNKNOWN

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH (2) BRONCHOPHEUMONIA — 3 DAYS; (3) EROSIVE GASTRITIS & EROSIVE CYSTITIS — UNKNOWN; (4) PROSTATIC CALCULI — UNKNOWN

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from AUG. 15, 1955, to AUG. 24, 1955, [redacted] and that death occurred at 1:00 A M, from the causes and on the date stated above.

SIGNATURE Irving Freeman ADDRESS VAH, FORT HOWARD, MARYLAND DATE SIGNED 8-24-55

IRVING FREEMAN, M.D. M. D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL; DATE THEREOF 8/26/55; NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL CEMETERY; LOCATION (City, town, or county) BALTIMORE, MARYLAND (State)

DATE REC'D BY LOCAL REGISTRAR; REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS CHARLES R. LAW, MORTUARY, 802-04 MADISON AVE., BALTIMORE 1, MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07535

7538 CERTIFICATE OF DEATH Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Parkville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balt.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Parkville X
STREET ADDRESS (If rural give location) 3020 Hiss Ave

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) J West Weber AKA John Westphale Weber

4. DATE OF DEATH: (Month) (Day) (Year) Aug 28/55 19

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: June 12x1916

9. AGE last birthday: 39 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Television

10b. KIND OF BUSINESS OR INDUSTRY: service

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: J Arthur Weber

14. MOTHER'S MAIDEN NAME: Julia Murray

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) W W 2

16. SOCIAL SECURITY No.: 212 05 6081

17. INFORMANT & ADDRESS: Mrs Bernice Weber 3020 Hiss Ave

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

142.1 Immediate cause — (a) Pulmonic Pulmonary Edema Cor Pulmonale — Interval Between Onset And Death: 1 year

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Chronic Cardiac Failure Hypertensive Cardiac Disease

DUE TO (c) Bronchopneumonia Coronary Disease Coronary Occlusion — 2 years 1 Month

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: July 1953

19b. MAJOR FINDINGS OF OPERATION Myocardial Infarction Coronary Occlusion

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July ..., 1955, to Aug 28, 1955, that I last saw the deceased alive on Aug 27, 1955, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) William F. Gracely M.D. ADDRESS 1C E Burke Ave Balto DATE SIGNED Aug 29/55

23. BURIAL, CREMATION, REMOVAL (Specify) burial

DATE THEREOF Aug 31/55

NAME OF CEMETERY OR CREMATORY Balto National

LOCATION (City, town, or county) (State) Baltimore

DATE REC'D BY LOCAL REGISTRAR 8-31-55

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS Ullrich Funeral Home 4210 Bolair Road

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07536

CERTIFICATE OF DEATH

7539

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Owings Mills
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 12 Rosewood Training School

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3V0 1-4
STREET ADDRESS (If rural, give location) 2611 Keyworth Avenue V

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH: (Month) (Day) (Year)	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Paul Weiner	8 23 19 55	male	white	single	6/22/31	24 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
--	—	Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Jacob Weiner	Edna Goldstein

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
--	-	—	Rosewood Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause 540.1	(a) Peritonitis due to perforating chronic	8 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) gastric ulcer DUE TO	unknown
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Congenital cerebral spastic infantile paraplegic

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/23, 19 55, to 8/23, 19 55, that I last saw the deceased alive on 8/23, 19 55, and that death occurred at 6:05 a. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Harry G. Butler MD, Owings Mills, Maryland 8/23/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)	ADDRESS
Burial	Aug 24/55	Sodna Cem Co	Bowlys Lane Balto Md.	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
		Sol Levinson & Bro Inc	W North ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07537

7540

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 CATONSVILLE
LENGTH OF STAY (in this place) 8/11/55
HOSPITAL OR INSTITUTION OR STREET ADDRESS (If not in hospital) CATON RIDGE NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTO.
STREET ADDRESS (If rural give location) 711 LINNARD ST.

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) J. (Last) WHITE, JR.

4. DATE OF DEATH: (Month) 8 (Day) 16 (Year) 1955

5. SEX: M

6. COLOR OR RACE: WH.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): M

8. DATE OF BIRTH: AUG. 20, 1896

9. AGE last birthday 58 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LAWYER

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): BALTO. MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JOHN J. WHITE SR.

14. MOTHER'S MAIDEN NAME: BRIDGET

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: MRS DORETTA WHITE, 711 LINNARD ST.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) PARKINSON'S DISEASE — INTERVAL BETWEEN ONSET AND DEATH: 7 YRS.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from AUG. 8, 1955 to AUG 16, 1955, that I last saw the deceased alive on AUG. 15, 1955, and that death occurred at 8:05 A.M., from the causes and on the date stated above.

SIGNATURE Marvin Goldstein — M.D. — ADDRESS 5334 Liberty Heights Ave. — DATE SIGNED 8/16/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF AUG. 19/55 — NAME OF CEMETERY OR CREMATORY NEW CATHEDRAL — LOCATION (City, town, or county) (State) BALTO, MD.

DATE REC'D BY LOCAL REGISTRAR 8-17-55 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR Harry H. Witzke — ADDRESS 4101 EDMONDSON AVE.

7541

I. C. 7.24 .ilm.135 2-15-55 et

07538

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Kingsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pt. Rm 5 Kingsville

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY?
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Odd
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Stanley (Middle) W. (Last) White.

4. DATE OF DEATH (Month) Aug (Day) 1 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W.	Married		37 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Both Completely burned, feet Off. Electrocution — INTERVAL BETWEEN ONSET AND DEATH: Instantaneous

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) DUE TO Skull & many bones fractured

(c) DUE TO

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY	21c. (City or town) (County) (State)
	Near Kingsville	Balto Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
Aug 1 55 9:10 A.M.		Auto, hit telephone pole

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE J. McCarmine M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☑ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Aug. 4, 1955	Walter Hammett	Lassahn Funeral Home, Balto., Md.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07539

7407

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Balto. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
LENGTH OF STAY (in this place) 51
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1107 Sulphur Spring Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
STREET ADDRESS (If rural, give location) 1107 Sulphur Spring Rd.

3. NAME OF DECEASED (Type or Print): (First) Frances (Middle) A. (Last) Williams

4. DATE OF DEATH: (Month) Aug. (Day) 26, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Nov. 19, 1870

9. AGE last birthday: 84 yrs.

If under 1 year: Months / Days

If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): A.A.Co. Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Jacob Miller

14. MOTHER'S MAIDEN NAME: Phoebe Stocket

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Julia Phillips 1107 Sulphur Spring Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 442X Mitral Insufficiency — Interval between onset and death: 36 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-Renal Disease — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility — ?

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/20/ 19 55 to 8/26/ 19 55 that I last saw the deceased alive on 8/26/ 19 55, and that death occurred at 1.30 P m., from the causes and on the date stated above.

SIGNATURE: E. J. Maloney (Degree or title) M.D. ADDRESS 57 Winterspring. Balto 28 DATE SIGNED 8/26/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 8/30/1955

NAME OF CEMETERY OR CREMATORY: Western Star Cem.

LOCATION (City, town, or county) (State): Catonsville Md.

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Mrs Katie R. Williams, Schroeder ADDRESS 3225

7542

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07540 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. ....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Loreley
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Forge Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Loreley
STREET ADDRESS (If rural, give location) Forge Road

3. NAME OF DECEASED: (Type or Print) (First) ISAAC (Middle) (Last) Williams

4. DATE OF DEATH (Month) 8 (Day) 21 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Jan. 12, 1888

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Thomas Williams

14. MOTHER'S MAIDEN NAME: Maria Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-20-8408

17. INFORMANT & ADDRESS: Mrs Bessie Williams Forge Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

1777
Immediate cause (a) Ca. of Prostate c Metastasis to DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Brain DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: JUN. -1-55

19b. MAJOR FINDING OF OPERATION: Ca of Prostate

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at Work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 8/22/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 8-24-55

NAME OF CEMETERY OR CREMATORY Asbury Cem.

LOCATION (City, town, or county) (State) Loreley, Ba[illegible] Md

DATE RECD BY LOCAL REG. 8/22/55

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Mr Francis A. Hensley

ADDRESS 58 Bidden St

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07541

7543 CERTIFICATE OF DEATH Reg. Dist. No. .. ..

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1 PLACE OF DEATH:
COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MONKTON
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS BIG FALLS, Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MONKTON
STREET ADDRESS (If rural give location) BIG FALLS Rd.

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) (MOLLIE) J. (Last) WILSON
4. DATE OF DEATH: (Month) AUG (Day) 8 (Year) 1955
5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH: MAR. 1. 1879
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): MD
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob SMITH
14. MOTHER'S MAIDEN NAME: MATILDA JONES

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: ALMIRA MEYERS - MONKTON, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Cardio-Vascular Disease DUE TO

Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1954, to Aug 2, 1955, that I last saw the deceased alive on 8/6/55, 19 ....., and that death occurred at 2 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Chas. Mc Franen - M.D. Parkton Md 8/8/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 8/11/55 — NAME OF CEMETERY OR CREMATORY PINE GROVE — LOCATION (City, town, or county) (State) WHITE HALL, MD.

DATE REC'D BY LOCAL REGISTRAR 8-9-55 — REGISTRAR'S SIGNATURE A. N. Hedrick — 24. FUNERAL DIRECTOR Wm. I. CHATHAM, JR. — ADDRESS 1701 McCULLOH ST. BALTO. MD.

915

7544

07542
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. ....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Balto 7 | LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6017 Gwynn Oak Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Balto. 7 (Woodlawn)
STREET ADDRESS (If rural, give location) 6017 Gwynn Oak Ave.

3. NAME OF DECEASED: (Type or Print) (First) ETHEL (Middle) ANNE (Last) WOELKE

4. DATE OF DEATH (Month) Aug (Day) 16 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: Sept 15, 1875 | 9. AGE last birthday: 62 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Own home | 11. BIRTHPLACE (State or foreign country): Prince Frederick, Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? | 14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: Geo. Woelke - 6017 Gwynn Oak.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary artery Disease	1 yr.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Hypertensive C-V. Disease	12 yrs
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Obesity — 20 yrs

19a. DATE OF OPERATION: None. | 19b. MAJOR FINDING OF OPERATION: None. | 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. None. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY None | 21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY None, M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? None.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE A. D. Coplin, M. D. | CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ | DATE SIGNED 8-16-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 8/19/1955 | NAME OF CEMETERY OR CREMATORY Holy Cross | LOCATION (City, town, or county) (State) A.A. Co. Md.

DATE REC'D BY LOCAL REG. 8-18-55 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR Flynn & Fleming | ADDRESS 1426 Light St.

Omar

07543

7545

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Balto. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Rockdale	LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3623 Florida Rd.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockdale X
	STREET ADDRESS (If rural, give location) 3623 Florida Rd. /

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
EMMA	A.	YEAGER	Aug.	13	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Married	April 7, 1884	71 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	at home	Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Geo. R. Watts	Genevieve Dilloway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Mr. Edward W. Yeager - 3623 Florida Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
334X Immediate cause	(a) Cerebral Apoplexy	9 days
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	4 years
	(c) High Blood Pressure	14 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Senility	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
No Operation		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 20, 1941, to Aug 13, 1955, that I last saw the deceased alive on Aug 12, 1955, and that death occurred at 12 45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Joshua H. Armacost M.D. ADDRESS 6419 Windsor Mill Rd Baltimore 7 Md DATE SIGNED 8-14-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/16/55	Oaklawn Cem.	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-15-55	L. M. Hedrick	Wm. J. Dittrich & Sons	East 17 Md

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07544

7546 CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 55 Towson
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 13 Sheppard & Enoch Pratt Hosp. Towson 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3V01-4
STREET ADDRESS (If rural give location) 2908 Rueckert Avenue

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Catherine Elizabeth Hildebrand Young

4. DATE OF DEATH: (Month) 8 (Day) 6 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: February 14, 1873

9. AGE Last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Simon Hildebrand

14. MOTHER'S MAIDEN NAME: Elizabeth Stein

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 Immediate cause	(a) CORONARY OCCLUSION	UNKNOWN
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) GENERALIZED ARTERIOSCLEROSIS	10 YEARS
	DUE TO (c) & CHRONIC BRAIN SYNDROME.	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Aug, 19 55, to 6 Aug, 19 55, that I last saw the deceased alive on 6 Aug, 19 55, and that death occurred at 10:23 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Harry M. Murdock M. D. Sheppard Pratt Hosp. 6 Aug 55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 8/9/'55

NAME OF CEMETERY OR CREMATORY Parkwood Cemetery

LOCATION (City, town, or county) (State) Balto., Md

DATE REC'D BY LOCAL REGISTRAR 8-9-55

REGISTRAR'S SIGNATURE H. Lee Holcomb

24. FUNERAL DIRECTOR ADDRESS L. J. Ruck, Inc. 5305 Harford Rd, Balto

Done

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07545

7547

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Cockeysville Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Md. Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3 Y 0 1-4
STREET ADDRESS (If rural give location) 1737 E. Lanvale St

3. NAME OF DECEASED: (Type or Print) (First) Laura (Middle) Susan (Last) Zurmehl

4. DATE OF DEATH: (Month) Aug. (Day) 27 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: May 3-1863

9. AGE last birthday 92 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Kaflinski

14. MOTHER'S MAIDEN NAME: Sarah Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Laura M. Schroeder

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

IMMEDIATE CAUSE (A) Arteria Sclerotica

ANTECEDENT CAUSE (B) DUE TO Cardio Vascular

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Disease

INTERVAL BETWEEN ONSET AND DEATH: 3 yrs —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1952 to Aug 27 1955 that I last saw the deceased alive on Aug 27, 1955, and that death occurred at 11:45 P.M., from the causes and on the date stated above.

SIGNATURE Walter J. Klaus M. D. ADDRESS Cockeysville Md DATE SIGNED 8/27/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF Aug. 30-1955 | NAME OF CEMETERY OR CREMATORY Loudon Pk. Cemetery | LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REGISTRAR Aug 30, 1955 | REGISTRAR'S SIGNATURE L. M. Schroeder | 24. FUNERAL DIRECTOR Wm Cook, St Paul & Preston St | ADDRESS

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING